

<i>SERFF Tracking Number:</i>	<i>RENA-125837731</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Renaissance Life & Health Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>40424</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Renaissance Dental Care</i>		
<i>Project Name/Number:</i>	<i>Group Dental/37</i>		

Filing at a Glance

Company: Renaissance Life & Health Insurance Company of America

Product Name: Renaissance Dental Care

SERFF Tr Num: RENA-125837731 State: ArkansasLH

TOI: H10G Group Health - Dental

SERFF Status: Closed

State Tr Num: 40424

Sub-TOI: H10G.000 Health - Dental

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Denise Chadwell, Veta Daniel, Robert Bess

Disposition Date: 10/06/2008

Date Submitted: 10/03/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Group Dental

Project Number: 37

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/06/2008

State Status Changed: 10/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/19/2008

Domicile Status Comments: Approved

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Trust

Deemer Date:

On behalf of Renaissance Life & Health Insurance Company of America, this filing is for a stand alone group dental policy. It will be marketed through licensed agents in the state of Arkansas, to specifically employer groups.

Company and Contact

SERFF Tracking Number: RENA-125837731 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 40424

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Renaissance Dental Care

Project Name/Number: Group Dental/37

Filing Contact Information

Robert Bess, rbess@renaissancefamily.com
 4100 Okemos Road (517) 381-4307 [Phone]
 Okemos, MI 48864

Filing Company Information

Renaissance Life & Health Insurance Company CoCode: 61700 State of Domicile: Delaware
 of America

Group Code: 477 Company Type: Life & Health

P.O. Box 30381

Lansing, MI 48909-7881 Group Name: State ID Number:
 (800) 745-7509 ext. [Phone] FEIN Number: 47-0397286

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: Normal \$50 fee for the policy and associated forms.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Renaissance Life & Health Insurance Company of America	\$50.00	10/03/2008	22903720

SERFF Tracking Number: RENA-125837731 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 40424

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Renaissance Dental Care

Project Name/Number: Group Dental/37

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/06/2008	10/06/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/03/2008	10/03/2008	Robert Bess	10/03/2008	10/03/2008

SERFF Tracking Number: RENA-125837731 State: Arkansas
Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 40424
of America
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Renaissance Dental Care
Project Name/Number: Group Dental/37

Disposition

Disposition Date: 10/06/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RENA-125837731 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 40424

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Renaissance Dental Care

Project Name/Number: Group Dental/37

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form (revised)	Direct Issue Policy2	Approved-Closed	Yes
Form	Direct Issue Policy	Replaced	Yes
Form (revised)	Direct Issue Certificate2	Approved-Closed	Yes
Form	Direct Issue Certificate	Replaced	Yes
Form	Direct application	Approved-Closed	Yes

SERFF Tracking Number: RENA-125837731 State: Arkansas
Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 40424
of America
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Renaissance Dental Care
Project Name/Number: Group Dental/37

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/03/2008
Submitted Date 10/03/2008

Respond By Date

Dear Robert Bess,

This will acknowledge receipt of the captioned filing.

Objection 1

- Direct Issue Policy (Form)
- Direct Issue Certificate (Form)

Comment: With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/03/2008
Submitted Date 10/03/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Removed time limit to furnish proof of incapacity statement on form DT-300A-AR and form DT-301A-AR

Related Objection 1

Applies To:

- Direct Issue Policy (Form)
- Direct Issue Certificate (Form)

SERFF Tracking Number: RENA-125837731 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 40424

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Renaissance Dental Care

Project Name/Number: Group Dental/37

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Direct Issue Policy2	DT-300A-AR		Policy/Contract/Fraternal Certificate	Initial		40	DT-300A-AR Direct Issue Policy2.pdf
Previous Version							
Direct Issue Policy	DT-300A		Policy/Contract/Fraternal Certificate	Initial		40	DT-300A Direct Issue Policy.pdf
Direct Issue Certificate2	DT-301A-AR		Certificate	Initial		40	DT-301A-AR Direct Issue Certificate 2.pdf
Previous Version							
Direct Issue Certificate	DT-301A-AR		Certificate	Initial		40	DT-301A-AR Direct Issue Certificate.pdf

State: *Arkansas*

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 40424

Company Tracking Number:

TOI: H10G Group Health - Dental

Sub-TOI: *H10G.000 Health - Dental*

Product Name: Renaissance Dental Care

Project Name/Number: *Group Dental/37*

No Rate/Rule Schedule items changed.

Sincerely,

Denise Chadwell, Robert Bess, Veta Daniel

SERFF Tracking Number: RENA-125837731 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 40424

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

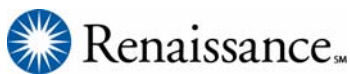
Product Name: Renaissance Dental Care

Project Name/Number: Group Dental/37

Form Schedule

Lead Form Number: DT-300A

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	DT-300A-AR	Policy/Contract/Fraternal Certificate	Direct Issue Policy2	Initial		40	DT-300A-AR Direct Issue Policy2.pdf
Approved-Closed	DT-301A-AR	Certificate	Direct Issue Certificate2	Initial		40	DT-301A-AR Direct Issue Certificate2.pdf
Approved-Closed	DT-302A	Application/Direct Enrollment Form	application	Initial		43	DT-302A-Direct Application.pdf



Renaissance Life & Health Insurance Company of America
[260 West Main Street, Suite 215, Hendersonville, Tennessee 37075]
[(800) 886-3908]

[XXXXXXXXXX XXXXX XXXXX]

POLICYHOLDER:	[*]
POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
POLICY ISSUE DATE:	[*]
POLICY ANNIVERSARY DATE:	[*]
STATE OF ISSUE:	[*]

Renaissance Life & Health Insurance Company of America, herein called **RLHICA** or We, Us or Our, in consideration of the Application for this Group Policy and the timely payment of Premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible [employees] and their eligible dependents under this Policy.

This Policy describes the terms and conditions of insurance. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Policy. We and the Policyholder agree to all of the terms of this Policy

IN WITNESS WHEREOF, **RLHICA** has caused this Policy to be executed on the Policy Issue Date to take effect on the Effective Date.

President

Secretary

• GROUP INDEMNITY DENTAL INSURANCE POLICY • NON-PARTICIPATING

TABLE OF CONTENTS

SCHEDULE OF AFFILIATES	3
SCHEDULE OF BENEFITS.....	3
GENERAL DEFINITIONS	9
ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS	11
CLAIM PROVISIONS	14
ADMINISTRATIVE PROVISIONS	16
GENERAL PROVISIONS.....	18
DESCRIPTION OF INDEMNITY DENTAL BENEFITS	20
DENTAL EXPENSE BENEFITS	20
EXCLUSIONS AND LIMITATIONS	25

SCHEDULE OF AFFILIATES

The following affiliates are covered under this Policy on the effective dates listed below. A newly-acquired affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within **[180]** days of its acquisition and pays the required premium. If we are not notified within the required time period, the affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

Affiliate Name	Location	Effective Date
[*]	[*]	[*]

[or] [none on the Policy Effective Date]

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

Minimum Participation Requirement: [10% to 100%] of all Eligible Persons

Eligible Persons: An Eligible Person is an individual who

[is [a full-time] [an] [employee] of the Policyholder who works at least [15] hours per week [and meets all of the requirements of one of the Covered Classes shown below:

[Class 1 All [employees] of the Policyholder who are officers]

[Class 2 All [employees] of the Policyholder who are managers or supervisors]

[Class 3 All other [employees] of the Policyholder].]

[is a [full-time] associate of the Policyholder who works at least [15] hours per week.]

[is a member [in good standing] of the Policyholder.]

[is [a contracted] [an] agent [under] [an exclusive] contract] [with] [of] the Policyholder.]

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an [employee] must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the [employee] is not in Active Service.

For [employee]s hired [[31 days] or more] before [No Waiting Period] the Policy Effective Date:

For [employee]s hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Policy Effective Date:

DENTAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides an outline of the Dental Indemnity Benefits provided by this Policy. Please read the *Description of Benefits* section for full details.

[Maximum Benefit – [Calendar] [Plan] [Benefit] Year]		[\$[250] [500] [750] [1000]		
Covered Expense		Benefit Amount		
Procedure Code	Description	[Plan A	[Plan B	[Plan C
DIAGNOSTIC SERVICES				
Clinical Oral Evaluations				
D0120	Oral examination, periodic	\$25	\$18.75	\$12.50
D0140	Oral examination, limited, problem focused (emergency)	\$25	\$18.75	\$12.50
D0150	Oral examination, comprehensive evaluation	\$25	\$18.75	\$12.50
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$25	\$18.75	\$12.50
D0180	Oral examination, comprehensive periodontal evaluation	\$25	\$18.75	\$12.50
Radiographs				
D0210	Intraoral, complete series (includes bitewings)	\$70	\$52.50	\$35.00
D0220	Intraoral, periapical first film	\$15	\$11.25	\$7.50
D0230	Intraoral, periapical each addtl film	\$15	\$11.25	\$7.50
D0240	Intraoral, occlusal	\$15	\$11.25	\$7.50
D0250	Extraoral-first film	\$15	\$11.25	\$7.50
D0260	Extraoral- each addtl film	\$15	\$11.25	\$7.50
D0270	Bitewing, 1 film	\$25	\$18.75	\$12.50
D0272	Bitewing, 2 films	\$25	\$18.75	\$12.50
D0274	Bitewing, 4 films	\$25	\$18.75	\$12.50
D0277	Bitewing, vertical, 7 to 8 films	\$25	\$18.75	\$12.77
D0330	Panoramic film	\$70	\$52.50	\$35.00
PREVENTIVE				
Dental Prophylaxis (Cleaning)				
D1110	Prophylaxis – adult	\$45	\$33.75	\$22.50
D1120	Prophylaxis – child	\$45	\$33.75	\$22.50
Fluoride Treatment				
D1203	Topical application of fluoride - child	\$20	\$15	\$10
Other Preventive Services				
D1351	Sealant – per tooth	\$30	\$22.50	\$15.00
RESTORATIVE PROCEDURES				
Amalgam Restorations				
D2140	1 surface	\$78	\$58.50	\$39.00
D2150	2 surfaces	\$78	\$58.50	\$39.00
D2160	3 surfaces	\$78	\$58.50	\$39.00
D2161	4 or more surfaces	\$78	\$58.50	\$39.00
Resin Restorations				
D2330	1 surface, anterior	\$78	\$58.50	\$39.00
D2331	2 surfaces, anterior	\$78	\$58.50	\$39.00
D2332	3 surfaces, anterior	\$78	\$58.50	\$39.00

D2335	Involving incisal angle or 4 or more surfaces, anterior	\$78	\$58.50	\$39.00
D2390	Crown, anterior	\$78	\$58.50	\$39.00
D2391	1 surface, posterior	\$78	\$58.50	\$39.00
D2392	2 surfaces, posterior	\$78	\$58.50	\$39.00
D2393	3 surfaces, posterior	\$78	\$58.50	\$39.00
D2394	4 or more surfaces, posterior	\$78	\$58.50	\$39.00
Onlay Restorations *				
D2542	Onlay, metallic, 2 surfaces	\$350	\$262.50	\$175
D2543	Onlay, metallic, 3 surfaces	\$350	\$262.50	\$175
D2544	Onlay, metallic, 4 or more surfaces	\$350	\$262.50	\$175
D2642	Onlay, porcelain/ceramic – two surfaces	\$350	\$262.50	\$175
D2643	Onlay, porcelain/ceramic – three surfaces	\$350	\$262.50	\$175
D2644	Onlay, porcelain/ceramic – four or more surfaces	\$350	\$262.50	\$175
D2662	Onlay, resin-based composite – two surfaces	\$200	\$150	\$100
D2663	Onlay, resin-based composite – three surfaces	\$200	\$150	\$100
D2664	Onlay, resin-based composite – four or more surfaces	\$200	\$150	\$100
Crowns - Single Restoration Only *				
D2710	Resin (indirect)	\$200	\$150	\$100
D2712	Crown – ¾ resin-based composite (indirect)	\$200	\$150	\$100
D2720	Crown – resin with high noble metal	\$350	\$262.50	\$175
D2721	Crown – resin with predominantly base metal	\$350	\$262.50	\$175
D2722	Crown – resin with noble metal	\$350	\$262.50	\$175
D2740	Porcelain/ceramic substrate	\$350	\$262.50	\$175
D2750	Porcelain fused to high noble metal	\$350	\$262.50	\$175
D2751	Porcelain fused to predominantly base metal	\$350	\$262.50	\$175
D2752	Porcelain fused to noble metal	\$350	\$262.50	\$175
D2780	¾ cast high noble metal	\$350	\$262.50	\$175
D2781	¾ cast predominantly base metal	\$350	\$262.50	\$175
D2782	¾ cast noble metal	\$350	\$262.50	\$175
D2783	¾ porcelain/ceramic	\$350	\$262.50	\$175
D2790	Full cast high noble metal	\$350	\$262.50	\$175
D2791	Full cast predominantly base metal	\$350	\$262.50	\$175
D2792	Full cast noble metal	\$350	\$262.50	\$175
D2794	Titanium	\$350	\$262.50	\$175
D2799	Provisional crown	\$121	\$90.75	\$60.50
Other Restorative Services				
D2910	Recement onlay or partial coverage restoration	\$33	\$24.75	\$16.50
D2915	Recement cast or prefabricated post and core	\$33	\$24.75	\$16.50
D2920	Recement crown	\$33	\$24.75	\$16.50
D2930	Crown - prefabricated stainless steel, primary	\$100	\$75	\$50
D2931	Crown - prefabricated stainless steel, permanent	\$100	\$75	\$50
D2932	Crown - prefabricated resin	\$100	\$75	\$50
D2933	Prefabricated stainless steel crown with resin window	\$100	\$75	\$50
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$100	\$75	\$50
D2961	Labial veneer (resin laminate) – laboratory	\$350	\$262.50	\$175
D2962	Labial veneer (porcelain laminate) - laboratory	\$350	\$262.50	\$175
ENDODONTICS				
[Pulpotomy]				
D3220	Therapeutic pulpotomy	\$50	\$37.50	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$50	\$37.50	\$25.00

D3230	Pulpal therapy (resorbable filling) - anterior, primary (excl final rest)	\$50	\$37.50	\$25.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary (excl final rest)	\$50	\$37.50	\$25.00
Root Canal Therapy				
D3310	Anterior (excludes final restoration)	\$250	\$187.50	\$125.00
D3320	Bicuspid (excludes final restoration)	\$250	\$187.50	\$125.00
D3330	Molar (excludes final restoration)	\$250	\$187.50	\$125.00
D3332	Incomplete endodontic therapy -inoperable, unrestorable or fractured tooth	\$250	\$187.50	\$125.00
D3333	Internal root repair of perforation defects	\$54	\$40.50	\$27.00
D3346	Retreatment, anterior	\$250	\$187.50	\$125.00
D3347	Retreatment, bicuspid	\$250	\$187.50	\$125.00
D3348	Retreatment, molar	\$250	\$187.50	\$125.00
PERIODONTIC SERVICES				
Surgical Services				
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$200	\$150	\$100
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$95	\$71.25	\$47.50
D4240	Gingival flap procedure, includes root planing – 4 or more teeth per quadrant	\$200	\$150	\$100
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$95	\$71.25	\$47.50
D4245	Apically positioned flap	\$200	\$150	\$100
D4249	Clinical crown lengthening	\$200	\$150	\$100
D4260	Osseous surgery – 4 or more teeth per quadrant	\$500	\$375	\$250
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$200	\$150	\$100
D4263	Bone replace graft – first site	\$95	\$71.25	\$47.50
D4264	Bone replacement graft – each addtl site in quadrant	\$50	\$37.50	\$25.00
D4266	Guided tissue regeneration – resorbable barrier, persite	\$95	\$71.25	\$47.50
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$200	\$150	\$100
Non-Surgical Services				
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$86	\$64.50	\$43.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	\$40	\$30	\$20
D4355	Full mouth debridement	\$45	\$33.75	\$22.50
Other Periodontal Services				
D4910	Periodontal maintenance	\$45	\$33.75	\$22.50
PROSTHODONTICS (Removable) **				
Complete Dentures				
D5110	Denture - complete, maxillary	\$500	\$375	\$250
D5120	Denture - complete, mandibular	\$500	\$375	\$250
D5130	Denture - immediate, maxillary	\$500	\$375	\$250
D5140	Denture - immediate, mandibular	\$500	\$375	\$250
Partial Dentures				
D5211	Maxillary, resin base	\$400	\$300	\$200
D5212	Mandibular, resin base	\$400	\$300	\$200
D5213	Maxillary, cast metal framework with resin denture base	\$400	\$300	\$200
D5214	Mandibular, cast metal framework with resin denture	\$400	\$300	\$200

	base			
D5225	Maxillary, flexible base	\$400	\$300	\$200
D5226	Mandibular, flexible base	\$400	\$300	\$200
D5281	Removable unilateral, 1 piece cast metal	\$400	\$300	\$200
Adjustment To Dentures				
D5410	Complete, maxillary	\$26	\$19.50	\$13.00
D5411	Complete, mandibular	\$26	\$19.50	\$13.00
D5421	Partial, maxillary	\$26	\$19.50	\$13.00
D5422	Partial, mandibular	\$26	\$19.50	\$13.00
Repairs To Complete Dentures				
D5510	Repair broken denture base	\$50	\$37.50	\$25.00
D5520	Replace missing or broken teeth (each tooth)	\$50	\$37.50	\$25.00
Repairs To Partial Dentures				
D5610	Repair resin denture base	\$50	\$37.50	\$25.00
D5620	Repair cast framework	\$50	\$37.50	\$25.00
D5630	Repair or replace broken clasp	\$50	\$37.50	\$25.00
D5640	Replace broken tooth (each)	\$50	\$37.50	\$25.00
D5650	Add tooth to existing partial denture	\$50	\$37.50	\$25.00
D5660	Add clasp to existing partial denture	\$50	\$37.50	\$25.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$139	\$104.25	\$69.50
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$139	\$104.25	\$69.50
Denture Rebase Procedures				
D5710	Complete maxillary denture	\$172	\$129	\$86
D5711	Complete mandibular denture	\$172	\$129	\$86
D5720	Maxillary partial denture	\$172	\$129	\$86
D5721	Mandibular partial denture	\$172	\$129	\$86
Denture Reline Procedures				
D5730	Complete maxillary, chairside	\$100	\$75	\$50
D5731	Complete mandibular, chairside	\$100	\$75	\$50
D5740	Maxillary partial, chairside	\$100	\$75	\$50
D5741	Mandibular partial, chairside	\$100	\$75	\$50
D5750	Complete maxillary, laboratory	\$100	\$75	\$50
D5751	Complete mandibular, laboratory	\$100	\$75	\$50
D5760	Maxillary partial, laboratory	\$100	\$75	\$50
D5761	Mandibular partial, laboratory	\$100	\$75	\$50
PROSTHODONTICS (Fixed) *				
Bridge Pontics (Per Unit)				
D6210	Cast high noble metal	\$350	\$262.50	\$175
D6211	Cast base metal	\$350	\$262.50	\$175
D6212	Cast noble metal	\$350	\$262.50	\$175
D6214	Titanium	\$350	\$262.50	\$175
D6240	Porcelain fused to high noble metal	\$350	\$262.50	\$175
D6241	Porcelain fused to base metal	\$350	\$262.50	\$175
D6242	Porcelain fused to noble metal	\$350	\$262.50	\$175
D6245	Porcelain/ceramic	\$350	\$262.50	\$175
D6250	Resin with high noble metal	\$350	\$262.50	\$175
D6251	Resin with predominantly base metal	\$350	\$262.50	\$175
D6252	Resin with noble metal	\$350	\$262.50	\$175
Fixed Bridge Retainers – Inlays/Onlays				

D6608	Onlay, porcelain/ceramic, 2 surfaces	\$350	\$262.50	\$175.00
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$350	\$262.50	\$175.00
D6610	Onlay, cast high noble metal, 2 surfaces	\$350	\$262.50	\$175.00
D6611	Onlay, cast high noble metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6612	Onlay, cast predominantly base metal, 2 surfaces	\$350	\$262.50	\$175.00
D6613	Onlay, cast predominantly base metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6614	Onlay, cast noble metal, 2 surfaces	\$350	\$262.50	\$175.00
D6615	Onlay, cast noble metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6634	Onlya, titanium	\$350	\$262.50	\$175.00
Bridge Retainers – Crowns				
D6710	Crown – indirect resin based composite	\$350	\$262.50	\$175.00
D6720	Crown – resin with high noble metal	\$350	\$262.50	\$175.00
D6721	Crown – resin with predominantly base metal	\$350	\$262.50	\$175.00
D6722	Crown – resin with noble metal	\$350	\$262.50	\$175.00
D6750	Porcelain fused to high noble metal	\$350	\$262.50	\$175.00
D6751	Porcelain fused to base metal	\$350	\$262.50	\$175.00
D6752	Porcelain fused to noble metal	\$350	\$262.50	\$175.00
D6780	3/4 cast high noble metal	\$350	\$262.50	\$175.00
D6781	3/4 cast base metal	\$350	\$262.50	\$175.00
D6782	3/4 cast noble metal	\$350	\$262.50	\$175.00
D6783	¾ porcelain/ceramic	\$350	\$262.50	\$175.00
D6790	Full cast high noble metal	\$350	\$262.50	\$175.00
D6791	Full cast base metal	\$350	\$262.50	\$175.00
D6792	Full cast noble metal	\$350	\$262.50	\$175.00
D6794	Crown - titanium	\$350	\$262.50	\$175.00
Other Fixed Prosthetic Services				
D6930	Recement fixed partial denture	\$33	\$24.75	\$16.50
ORAL SURGERY				
Extractions (Simple)				
D7111	Extraction, coronal remnants - deciduous tooth	\$59	\$44.25	\$29.50
D7140	Extraction, erupted tooth or exposed root	\$59	\$44.25	\$29.50
Surgical Extractions				
D7210	Surgical removal of erupted tooth	\$100	\$75	\$50
D7220	Removal of impacted tooth – soft tissue	\$100	\$75	\$50
D7230	Removal of impacted tooth – partially bony	\$100	\$75	\$50
D7240	Removal of impacted tooth – completely bony	\$100	\$75	\$50
D7250	Surgical removal of residual roots	\$100	\$75	\$50
Other Surgical Procedures				
D7280	Surgical access of unerupted tooth	\$100	\$75	\$50
Alveoloplasty (Surgical Preparation Of Ridge For Dentures)				
D7310	In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$100	\$75	\$50
ADJUNCTIVE GENERAL SERVICES				
Unclassified Treatment				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$55	\$41.25	\$27.50
Professional Visits				
D9440	Office visit after regularly scheduled hours	\$25	\$18.75	\$12.50

* If noble or high noble metal is used, or porcelain, ceramic, or resin on molars the member must pay the difference in the laboratory cost between the noble or high noble metal and base metal.]

** Includes any adjustments for six months.

IMPORTANT: Any procedure code not specifically listed above as a Covered Expense is excluded.

Rates and Premiums

Mode of Premium Payment	[Monthly]
Premium Due Dates	Policy Effective Date and the first day of each month thereafter
Contributions	The [entire] cost of this insurance is paid by [the] [Policyholder] [and] [Covered Persons].

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Policy have the meanings set forth below.

Active Service means that the Covered [Employee] is either:

1. at work on one of the [employer's] scheduled work days and is performing his regular duties on a full-time basis, either at one of the [employer's] usual places of business or at some other location to which the [employer's] business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the [employee] was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

Appropriate Treatment means care, services or supplies, provided by or at the direction of a Dentist that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury or sickness and are provided during the course of treatment of an injury sustained in a Covered Accident or for a Covered Sickness.

Benefit Amount means the amount that will be paid per procedure.

[Calendar] [Benefit] [Plan] Year or annual or annually means a period of twelve consecutive months beginning on the Policy Effective Date and subsequent Anniversary Dates.

Covered Accident means an event that results directly in an injury or loss and meets all of the following conditions:

1. occurs while the Covered [Employee] is insured under this Policy or is not subject to the Pre-

Existing Condition Limitation, if any;

2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Policy.

Covered [Employee] means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Policy remains in force.

Covered Expenses means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Dental Indemnity Benefits* section of this Policy. Covered Expenses must be Incurred by a Covered Person for Appropriate Treatment for injuries sustained in a Covered Accident or for a Covered Sickness. Procedure codes for services or supplies not listed, in the *Schedule of Benefits* are excluded.

Covered Person means a Covered [Employee], an eligible spouse and eligible dependent children who are insured under this Policy.

Covered Sickness means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is insured under this Policy or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Policy

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

Dentist means a person licensed to practice dentistry in the state or country in which dental services are rendered.

Eligible Dependent means the Covered [Employee's]:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered [Employee] under this Policy; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered [Employee] under this Policy and who:
 - a. is less than [19] years old; or
 - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
 - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. This insurance will continue for as long as the Covered [Employee's] insurance stays in force and the child remains incapacitated.;
 - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered [Employee]; or
 - e. is required to be provided coverage by the Insured or His spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

Eligible Person means an individual as defined in the *Schedule of Benefits*.

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

He, him or his means an individual, male or female.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

Maximum Payment means the maximum dollar amount the Company will pay in any [Calendar] [Plan] [Benefit] Year for Covered Services. The Maximum Payment is specified in the *Schedule of Benefits*.

Policyholder means the entity shown on the cover page of this policy.

Processing Guidelines means the policies and guidelines used for payment of claims. The Processing Guidelines are based, in part, on coding definitions established by the American Dental Association, and may be amended from time to time. The Processing Guidelines are available upon request.

RLHICA or we, us, our means **Renaissance Life & Health Insurance Company of America**.

Submitted Amount means the fee a Dentist bills for a specific treatment.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Policy Effective Date

We agree to provide Dental Indemnity Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

Effective Date for Newly-Acquired Affiliates

Insurance becomes effective for any newly-acquired affiliate of the Policyholder on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the affiliate will be come effective on first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are [employees] of an affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date.

Eligibility

An [employee] becomes eligible for insurance under this Policy on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become

eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the [employee] becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.

No person may be eligible for insurance under this Policy as both an [employee] and a spouse or dependent child at the same time.

[If both spouses are eligible as [employees], the dependent children, may be covered under only one [employee], but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered [Employees] when a Covered [Employee] is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered [Employees] or one may elect to insure the other as an Eligible Dependent when a Covered [Employee] is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered [Employees] and dependent coverage will be provided via only the parent whose birthday occurs first during a [Calendar] [Plan] [Benefit] year, when a Covered [Employee] is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered [Employees] but only one may elect dependent coverage to insure dependent children, when a Covered [Employee] is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible [employee] who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the [employee] becomes eligible;
3. first of the month following the date we receive the [employee's] completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an [employee's] Eligible Dependent[s] if [he] [the [employee]] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the [employee] becomes eligible;

[3.] [first of the month following the date the [employee's] insurance becomes effective][;]

[4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;

[5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 31 days later unless [the [employee] has a Spouse or] other Dependent Children [are] insured under this Policy or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

Deferred Effective Date

The effective date of insurance will be deferred for any [employee] who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

Late Enrollee

An Eligible Person will be considered a late enrollee if he does not apply for insurance under this Policy within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

[Coverage for any late enrollee will become effective on the first of the month following the Policyholder's open enrollment period.]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the [employee's] Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

Please read the *Continuation Provisions* section of this Policy for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Policy or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;

3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which premium is paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered [Employee] or first of the month following the date of divorce from the Covered [Employee].

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

Continuation Provisions

Continuation may be available after the termination of this insurance subject to the Policyholder's personnel practices now in effect or hereafter amended.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, policy and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized [written] [electronic] proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. [If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable.

If written or authorized electronic notice is not given within that time, no claim will be invalidated or

reduced if it is shown that such notice was given as soon as reasonably possible. In any case, [written] [or] [authorized electronic] proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Policy for any loss not later than 30 days after the receipt by the company of the required written proofs of loss. An insurer which violates this Section if liable under said policy, shall pay to the insured, in addition to any other penalty provided for, interest at the rate of 9% per annum from the 30th day after receipt of such proofs of loss to the date of late payment of the accrued indemnities, provided that interest amounting to less than one dollar need not be paid.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to His estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this policy.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign [Employees]

The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered [Employees] whose place of employment is other than:

1. the United States and its possessions; or
2. the Dominion of Canada.

We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of our liability for those payments under this Policy.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and

as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the Policyholder may cancel this Policy, after the first year as of any Premium Due Date, by giving the other party [31] days advance written notice.

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Grace Period

A Policy Grace Period of [31] days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of our intention not to renew is delivered to the Policyholder at least [90] days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to us for any unpaid premium for the time this Policy was in force.

An Individual Grace Period of [31] days, applicable when a Covered Person remains eligible under this Policy under the *Continuation Provisions*, will be granted for payment of required premiums. A Covered Person's insurance under this Policy will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due.

If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Policy is the sum of premiums paid:

1. by the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and
2. by Covered Persons who remain eligible for coverage under one of the *Continuation Provisions* of this Policy.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We may change the premium rates from time to time with at least [60] days advance written notice to the Policyholder. No change in rates will be made until [12] months after the Policy Effective Date. An increase in rates will not be made more often than once in a [12]-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the number of Covered Persons eligible for coverage increases or decreases by more than [10]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [10]% or more the number of eligible individuals;
5. a change in the number of eligible individuals which would, on a manual rate basis, require a change of [10]% or more in the premium rate;
6. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or
7. the Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

[Reinstatement

[1.] [Of This Policy]

[This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.] . [No premiums will be applied to any period more than 60 days before the reinstatement date.]

[2.] [Of A Covered Person's Insurance]

[A Covered Person's Insurance may be reinstated if it lapsed:

- a. because the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
- b. due to non-payment of premium; or
- c. following the end of any period of continuation, as provided in the *Continuation Provisions*. Requirements for reinstatement are written application satisfactory to us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.] [No premiums will be applied to any period more than 60 days before the reinstatement date.]

GENERAL PROVISIONS

Entire Contract; Changes

This Policy, including the [application], endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

Where required by law, we will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

[10 Day Right To Examine Certificate

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

Assignment

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

Incontestability

1. Of This Policy

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

2. Of A Covered Person's Insurance

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Reporting Requirements

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

DESCRIPTION OF INDEMNITY DENTAL BENEFITS

This Section describes the Dental Indemnity Benefits provided by this Policy. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

DENTAL EXPENSE BENEFITS

We will pay benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Appropriate Treatment of an injury sustained in a Covered Accident or for Appropriate Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis.

Unless otherwise specified in the *Schedule of Benefits*, Covered Expenses may be divided into the following classes, and are subject to the exclusions and limitations listed below. **Please see the *Schedule Benefits* for the classification of benefits, exclusions and limitations applicable under the Policy.**

All time limitations are measured either from the last date of service under this Policy, or at the request of the Policyholder from the last date of service in any dental plan.

Class I

1. Diagnostic and Preventive Services:

Services and procedures to evaluate existing conditions and/or to prevent dental abnormalities or disease; such services include evaluations (examinations), prophylaxes (cleanings), bitewing X rays and fluoride treatments. These services are subject to the following exclusions and limitations:

- a. Topical fluoride treatments are payable twice in a [Calendar] [Benefit] [Plan] Year for Eligible Dependent children, under age 14.
- b. Expenses for oral evaluations rendered as a consultation or exam are payable twice in any [Calendar] [Benefit] [Plan] Year, whether provided under one or more dental plans.
- c. Expenses for prophylaxes, including periodontal maintenance procedures and full mouth debridement are payable twice in any [Calendar] [Benefit] [Plan] Year.
- d. Bitewing X-rays are payable once in any [Calendar] [Benefit] [Plan] Year.
- e. Expenses for space maintenance are payable once per lifetime, per area, for Eligible Dependent children under the age of 14 years.
- f. We will not make payment for preventive control programs, including home care items, oral hygiene instructions, nutritional counseling, and tobacco counseling and all charges for the same

will be the responsibility of the Covered Person.

- g. We will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Covered Person, unless otherwise indicated in the *Schedule of Benefits*.

Class II

1. Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

2. Radiographs (x-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- a. Full mouth X-rays (which include bitewing X-rays) or a panoramic x-ray (with or without bitewing x-rays) are payable once in any five-year period.
- b. A serial listing of x-rays is paid as a full mouth series if the total fee equals or exceeds the fee for a complete series.
- c. Any supplemental films with a full mouth series are part of the complete procedure.
- d. Expenses for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- e. Expenses for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable .

3. Minor Restorative Services

Minor restorative services to rebuild and repair natural tooth structure when damaged by disease or injury. These services include amalgam (silver) and resin (white) fillings, subject to the following exclusions and limitations:

- a. Amalgam and composite resin restorations are payable once per tooth surface within a 24month period regardless of the number of combination of restorations placed on a surface.
- b. We will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Covered Person.

4. Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

5. Sealants.

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period.

6. Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with expenses for

prophylaxes, including periodontal maintenance procedures and full mouth debridement, are payable twice in any [Calendar] [Benefit] [Plan] Year.

7. Other Class II Services

- a. After hours visits, not to exceed once per [Calendar] [Benefit] [Plan] Year.
- b. Expenses for consultations (includes evaluation) by a dentist other than the practitioner providing treatment are payable once per [Calendar] [Benefit] [Plan] Year.

Class III

1. Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- a. We will not make payment for the following services, and all charges for the same will be the responsibility of the Covered Person: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- b. We will not make payment for the following expenses, and all charges for the same will be the responsibility of the Covered Person: prescription drugs, non-prescription drugs, pre-medications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, or behavior management.
- c. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasion, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.
- d. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person unless otherwise specified in the Declarations Section: appliances, restorations, x-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).
- e. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

2. Endodontic Services

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- a. Expenses for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- b. Expenses for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- c. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: pulp caps, maxillofacial prosthetics or

myofunctional therapy.

3. Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth; such services are subject to the following exclusions and limitations:

- a. Expenses for prophylaxes, including periodontal prophylaxes and full mouth debridement are payable twice in any [Calendar] [Benefit] [Plan] Year.
- b. Expenses for root planing and scaling are payable once per area in any two-year period.
- c. Periodontal surgery is payable once per area in any three-year period.
- d. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

4. Major Restorative

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material; such services are subject to the following exclusions and limitations:

- a. Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- b. Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Eligible Dependent children less than 12 years of age.
- c. Expenses for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.
- d. Optional treatment: If the Covered Person selects a more expensive service than is customarily provided or for which the Company does not determine that a valid dental need is shown, the Company may make an allowance based on the fee for the customarily provided service.
- e. We will not make payment for inlays (cast, porcelain, composite resin, or ceramic) and all charges for the same will be the responsibility of the Covered Person.
- f. We will not make payment for the following procedures and services and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosions; and, (d) splint or stabilize teeth for periodontal reasons.

5. Prosthodontic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures), subject to the following exclusions and limitations:

- a. One complete upper and one complete lower denture are covered once in any seven-year period.
- b. A partial denture, fixed bridge, or removable bridge and any associated services are payable once in any seven-year period.

- c. Fixed bridges and removable cast partials are not payable for Eligible Dependent children less than 16 years of age
- d. Fixed bridgework, replacement of fixed bridgework or addition of teeth to existing bridgework to replace extracted natural teeth is covered only if the replacement is required to replace one or more natural teeth extracted while a member under the plan.
- e. Expenses for tissue conditioning are payable twice per denture unit in any three-year period.
- f. Endosteal implants are allowed once per tooth, per lifetime. We will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- g. We will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs, and all charges for the same will be the responsibility of the Covered Person unless otherwise specified in the *Schedule of Benefits*.
- h. We will not make payment for procedures to replace a missing tooth or teeth that were lost before the effective date of a Covered Person's insurance and all charges for the same will be the responsibility of the Covered Person.
- i. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: lost, missing, or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- j. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

7. Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures; a reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

8. Other Class III Services

- a. Expenses for an occlusal guard are payable only once in any five-year period.
- b. Expenses for limited occlusal adjustments are payable once in a [Calendar] [Benefit] [Plan] Year.
- c. Office visits during regularly scheduled hours are payable once per [Calendar] [Benefit] [Plan] Year.
- d. We will not make payment for the following expenses, and all charges for the same will be the responsibility of the Covered Person: repair, relines, or adjustments of occlusal guards.
- e. We will not make payment for the following procedures and services and all charges for the same will be the responsibility of the Covered Person: prescription drugs, nonprescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards house/extended care facility visit, mounted occlusal analysis, complete occlusal adjustment, enamel microabrasions,

odontoplasty or bleaching.

EXCLUSIONS AND LIMITATIONS

Exclusions

In addition to the exclusions listed above in *Dental Expense Benefits*, we will not make payment for the following expenses, procedures and services, and all charges for the same will be the responsibility of the Covered Person, unless otherwise specified in the *Schedule of Benefits*.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws.
2. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.
3. Services or appliances started prior to the date the person became eligible under the Policy.
4. Charges for failure to keep a scheduled visit with the Dentist.
5. Charges for completion of forms or submission of claims.
6. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
7. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
8. Those expenses, procedures and services excluded by our current policies and procedures, including the Processing Guidelines. Processing Guidelines are available upon request.
9. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of coverage.
10. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
11. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
12. Services that are not within the classes of Benefits selected by the Policyholder and that are not described in the Policy.
13. Charges for any services or supplies for which a procedure code is not specifically listed in the *Schedule of Benefits*.

Limitations

In addition to the limitations listed above in *Dental Expense Benefits*, the following limitations apply under the Policy, unless otherwise specified in the *Schedule of Benefits*:

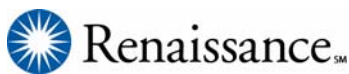
1. Our obligation for payment of *Dental Expense Benefits* ends on the last day of the month in which coverage is terminated under the Policy.
2. When services in progress are interrupted and completed later by another Dentist, we will review the claim to determine the amount of payment, if any, to each Dentist.

3. Care terminated due to the death of a Covered Person will be paid to the limit of our liability for the services completed or in progress.
4. The Maximum Benefit payable in any one [Calendar] [Benefit] [Plan] Year will be limited to the amount specified in the *Schedule of Benefits*.
5. If a Deductible is specified in the *Schedule of Benefits*, we will not be obligated to pay for, in whole or in part, any services until such Deductible amount is met.
6. Processing Guidelines may limit payment. Processing Guidelines are available upon request.

[Limitation for Pre-Existing Conditions]

We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;

1. if he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. if he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]



Renaissance Life & Health Insurance Company of America
[260 West Main Street, Suite 215, Hendersonville, Tennessee 37075]
[(800) 886-3908]

[XXXXXXXXXX XXXXXXXX XXXXXXXXX]

Renaissance Life & Health Insurance Company of America (RLHICA), certifies that you will be insured under the Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Policy.

President

POLICYHOLDER:	[*]
POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	[*]

A Policy has been issued to the Policyholder. Your coverage under that Policy is shown in this Certificate. If your coverage is changed by an amendment to the Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The terms "**RLHICA**", "we", "us", and "our" refer to **Renaissance Life & Health Insurance Company of America**. Other defined terms are printed with an initial capital letter.

• GROUP INDEMNITY DENTAL INSURANCE CERTIFICATE • NON-PARTICIPATING

TABLE OF CONTENTS

SCHEDULE OF AFFILIATES	3
SCHEDULE OF BENEFITS.....	3
GENERAL DEFINITIONS	9
ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS	11
CLAIM PROVISIONS	14
ADMINISTRATIVE PROVISIONS	16
GENERAL PROVISIONS.....	17
DESCRIPTION OF INDEMNITY DENTAL BENEFITS	18
DENTAL EXPENSE BENEFITS	18
EXCLUSIONS AND LIMITATIONS	23

SCHEDULE OF AFFILIATES

The following affiliates are covered under the Policy on the effective dates listed below. A newly-acquired affiliate may be covered under the Policy on the date it is acquired as long as the Policyholder notifies us within **[180]** days of its acquisition and pays the required premium. If we are not notified within the required time period, the affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

Affiliate Name	Location	Effective Date
[*]	[*]	[*]

[or] [none on the Policy Effective Date]

SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of this Certificate's provisions carefully.

Minimum Participation Requirement: [10% to 100%] of all Eligible Persons

Eligible Persons: An Eligible Person is an individual who

[is [a full-time] [an] [employee] of the Policyholder who works at least [15] hours per week [and meets all of the requirements of one of the Covered Classes shown below:

[Class 1 All [employees] of the Policyholder who are officers]

[Class 2 All [employees] of the Policyholder who are managers or supervisors]

[Class 3 All other [employees] of the Policyholder].]

[is a [full-time] associate of the Policyholder who works at least [15] hours per week.]

[is a member [in good standing] of the Policyholder.]

[is [a contracted] [an] agent [under] [an exclusive] contract] [with] [of] the Policyholder.]

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an [employee] must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the [employee] is not in Active Service.

For [employee]s hired [[31 days] or more] before [No Waiting Period] the Certificate Effective Date:

For [employee]s hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Certificate Effective Date:

DENTAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides an outline of the Dental Indemnity Benefits provided by this Certificate. Please read the *Description of Benefits* section for full details.

[Maximum Benefit – [Calendar] [Plan] [Benefit] Year]		[\$[250] [500] [750] [1000]		
Covered Expense		Benefit Amount		
Procedure Code	Description	[Plan A	[Plan B	[Plan C
DIAGNOSTIC SERVICES				
Clinical Oral Evaluations				
D0120	Oral examination, periodic	\$25	\$18.75	\$12.50
D0140	Oral examination, limited, problem focused (emergency)	\$25	\$18.75	\$12.50
D0150	Oral examination, comprehensive evaluation	\$25	\$18.75	\$12.50
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$25	\$18.75	\$12.50
D0180	Oral examination, comprehensive periodontal evaluation	\$25	\$18.75	\$12.50
Radiographs				
D0210	Intraoral, complete series (includes bitewings)	\$70	\$52.50	\$35.00
D0220	Intraoral, periapical first film	\$15	\$11.25	\$7.50
D0230	Intraoral, periapical each addtl film	\$15	\$11.25	\$7.50
D0240	Intraoral, occlusal	\$15	\$11.25	\$7.50
D0250	Extraoral-first film	\$15	\$11.25	\$7.50
D0260	Extraoral- each addtl film	\$15	\$11.25	\$7.50
D0270	Bitewing, 1 film	\$25	\$18.75	\$12.50
D0272	Bitewing, 2 films	\$25	\$18.75	\$12.50
D0274	Bitewing, 4 films	\$25	\$18.75	\$12.50
D0277	Bitewing, vertical, 7 to 8 films	\$25	\$18.75	\$12.77
D0330	Panoramic film	\$70	\$52.50	\$35.00
PREVENTIVE				
Dental Prophylaxis (Cleaning)				
D1110	Prophylaxis – adult	\$45	\$33.75	\$22.50
D1120	Prophylaxis – child	\$45	\$33.75	\$22.50
Fluoride Treatment				
D1203	Topical application of fluoride - child	\$20	\$15	\$10
Other Preventive Services				
D1351	Sealant – per tooth	\$30	\$22.50	\$15.00
RESTORATIVE PROCEDURES				
Amalgam Restorations				
D2140	1 surface	\$78	\$58.50	\$39.00
D2150	2 surfaces	\$78	\$58.50	\$39.00
D2160	3 surfaces	\$78	\$58.50	\$39.00
D2161	4 or more surfaces	\$78	\$58.50	\$39.00
Resin Restorations				
D2330	1 surface, anterior	\$78	\$58.50	\$39.00
D2331	2 surfaces, anterior	\$78	\$58.50	\$39.00
D2332	3 surfaces, anterior	\$78	\$58.50	\$39.00

D2335	Involving incisal angle or 4 or more surfaces, anterior	\$78	\$58.50	\$39.00
D2390	Crown, anterior	\$78	\$58.50	\$39.00
D2391	1 surface, posterior	\$78	\$58.50	\$39.00
D2392	2 surfaces, posterior	\$78	\$58.50	\$39.00
D2393	3 surfaces, posterior	\$78	\$58.50	\$39.00
D2394	4 or more surfaces, posterior	\$78	\$58.50	\$39.00
Onlay Restorations *				
D2542	Onlay, metallic, 2 surfaces	\$350	\$262.50	\$175
D2543	Onlay, metallic, 3 surfaces	\$350	\$262.50	\$175
D2544	Onlay, metallic, 4 or more surfaces	\$350	\$262.50	\$175
D2642	Onlay, porcelain/ceramic – two surfaces	\$350	\$262.50	\$175
D2643	Onlay, porcelain/ceramic – three surfaces	\$350	\$262.50	\$175
D2644	Onlay, porcelain/ceramic – four or more surfaces	\$350	\$262.50	\$175
D2662	Onlay, resin-based composite – two surfaces	\$200	\$150	\$100
D2663	Onlay, resin-based composite – three surfaces	\$200	\$150	\$100
D2664	Onlay, resin-based composite – four or more surfaces	\$200	\$150	\$100
Crowns - Single Restoration Only *				
D2710	Resin (indirect)	\$200	\$150	\$100
D2712	Crown – ¾ resin-based composite (indirect)	\$200	\$150	\$100
D2720	Crown – resin with high noble metal	\$350	\$262.50	\$175
D2721	Crown – resin with predominantly base metal	\$350	\$262.50	\$175
D2722	Crown – resin with noble metal	\$350	\$262.50	\$175
D2740	Porcelain/ceramic substrate	\$350	\$262.50	\$175
D2750	Porcelain fused to high noble metal	\$350	\$262.50	\$175
D2751	Porcelain fused to predominantly base metal	\$350	\$262.50	\$175
D2752	Porcelain fused to noble metal	\$350	\$262.50	\$175
D2780	¾ cast high noble metal	\$350	\$262.50	\$175
D2781	¾ cast predominantly base metal	\$350	\$262.50	\$175
D2782	¾ cast noble metal	\$350	\$262.50	\$175
D2783	¾ porcelain/ceramic	\$350	\$262.50	\$175
D2790	Full cast high noble metal	\$350	\$262.50	\$175
D2791	Full cast predominantly base metal	\$350	\$262.50	\$175
D2792	Full cast noble metal	\$350	\$262.50	\$175
D2794	Titanium	\$350	\$262.50	\$175
D2799	Provisional crown	\$121	\$90.75	\$60.50
Other Restorative Services				
D2910	Recement onlay or partial coverage restoration	\$33	\$24.75	\$16.50
D2915	Recement cast or prefabricated post and core	\$33	\$24.75	\$16.50
D2920	Recement crown	\$33	\$24.75	\$16.50
D2930	Crown - prefabricated stainless steel, primary	\$100	\$75	\$50
D2931	Crown - prefabricated stainless steel, permanent	\$100	\$75	\$50
D2932	Crown - prefabricated resin	\$100	\$75	\$50
D2933	Prefabricated stainless steel crown with resin window	\$100	\$75	\$50
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$100	\$75	\$50
D2961	Labial veneer (resin laminate) – laboratory	\$350	\$262.50	\$175
D2962	Labial veneer (porcelain laminate) - laboratory	\$350	\$262.50	\$175
ENDODONTICS				
[Pulpotomy]				
D3220	Therapeutic pulpotomy	\$50	\$37.50	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$50	\$37.50	\$25.00

D3230	Pulpal therapy (resorbable filling) - anterior, primary (excl final rest)	\$50	\$37.50	\$25.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary (excl final rest)	\$50	\$37.50	\$25.00
Root Canal Therapy				
D3310	Anterior (excludes final restoration)	\$250	\$187.50	\$125.00
D3320	Bicuspid (excludes final restoration)	\$250	\$187.50	\$125.00
D3330	Molar (excludes final restoration)	\$250	\$187.50	\$125.00
D3332	Incomplete endodontic therapy -inoperable, unrestorable or fractured tooth	\$250	\$187.50	\$125.00
D3333	Internal root repair of perforation defects	\$54	\$40.50	\$27.00
D3346	Retreatment, anterior	\$250	\$187.50	\$125.00
D3347	Retreatment, bicuspid	\$250	\$187.50	\$125.00
D3348	Retreatment, molar	\$250	\$187.50	\$125.00
PERIODONTIC SERVICES				
Surgical Services				
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$200	\$150	\$100
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$95	\$71.25	\$47.50
D4240	Gingival flap procedure, includes root planing – 4 or more teeth per quadrant	\$200	\$150	\$100
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$95	\$71.25	\$47.50
D4245	Apically positioned flap	\$200	\$150	\$100
D4249	Clinical crown lengthening	\$200	\$150	\$100
D4260	Osseous surgery – 4 or more teeth per quadrant	\$500	\$375	\$250
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$200	\$150	\$100
D4263	Bone replace graft – first site	\$95	\$71.25	\$47.50
D4264	Bone replacement graft – each addt'l site in quadrant	\$50	\$37.50	\$25.00
D4266	Guided tissue regeneration – resorbable barrier, persite	\$95	\$71.25	\$47.50
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$200	\$150	\$100
Non-Surgical Services				
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$86	\$64.50	\$43.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	\$40	\$30	\$20
D4355	Full mouth debridement	\$45	\$33.75	\$22.50
Other Periodontal Services				
D4910	Periodontal maintenance	\$45	\$33.75	\$22.50
PROSTHODONTICS (Removable) **				
Complete Dentures				
D5110	Denture - complete, maxillary	\$500	\$375	\$250
D5120	Denture - complete, mandibular	\$500	\$375	\$250
D5130	Denture - immediate, maxillary	\$500	\$375	\$250
D5140	Denture - immediate, mandibular	\$500	\$375	\$250
Partial Dentures				
D5211	Maxillary, resin base	\$400	\$300	\$200
D5212	Mandibular, resin base	\$400	\$300	\$200
D5213	Maxillary, cast metal framework with resin denture base	\$400	\$300	\$200
D5214	Mandibular, cast metal framework with resin denture	\$400	\$300	\$200

	base			
D5225	Maxillary, flexible base	\$400	\$300	\$200
D5226	Mandibular, flexible base	\$400	\$300	\$200
D5281	Removable unilateral, 1 piece cast metal	\$400	\$300	\$200
Adjustment To Dentures				
D5410	Complete, maxillary	\$26	\$19.50	\$13.00
D5411	Complete, mandibular	\$26	\$19.50	\$13.00
D5421	Partial, maxillary	\$26	\$19.50	\$13.00
D5422	Partial, mandibular	\$26	\$19.50	\$13.00
Repairs To Complete Dentures				
D5510	Repair broken denture base	\$50	\$37.50	\$25.00
D5520	Replace missing or broken teeth (each tooth)	\$50	\$37.50	\$25.00
Repairs To Partial Dentures				
D5610	Repair resin denture base	\$50	\$37.50	\$25.00
D5620	Repair cast framework	\$50	\$37.50	\$25.00
D5630	Repair or replace broken clasp	\$50	\$37.50	\$25.00
D5640	Replace broken tooth (each)	\$50	\$37.50	\$25.00
D5650	Add tooth to existing partial denture	\$50	\$37.50	\$25.00
D5660	Add clasp to existing partial denture	\$50	\$37.50	\$25.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$139	\$104.25	\$69.50
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$139	\$104.25	\$69.50
Denture Rebase Procedures				
D5710	Complete maxillary denture	\$172	\$129	\$86
D5711	Complete mandibular denture	\$172	\$129	\$86
D5720	Maxillary partial denture	\$172	\$129	\$86
D5721	Mandibular partial denture	\$172	\$129	\$86
Denture Reline Procedures				
D5730	Complete maxillary, chairside	\$100	\$75	\$50
D5731	Complete mandibular, chairside	\$100	\$75	\$50
D5740	Maxillary partial, chairside	\$100	\$75	\$50
D5741	Mandibular partial, chairside	\$100	\$75	\$50
D5750	Complete maxillary, laboratory	\$100	\$75	\$50
D5751	Complete mandibular, laboratory	\$100	\$75	\$50
D5760	Maxillary partial, laboratory	\$100	\$75	\$50
D5761	Mandibular partial, laboratory	\$100	\$75	\$50
PROSTHODONTICS (Fixed) *				
Bridge Pontics (Per Unit)				
D6210	Cast high noble metal	\$350	\$262.50	\$175
D6211	Cast base metal	\$350	\$262.50	\$175
D6212	Cast noble metal	\$350	\$262.50	\$175
D6214	Titanium	\$350	\$262.50	\$175
D6240	Porcelain fused to high noble metal	\$350	\$262.50	\$175
D6241	Porcelain fused to base metal	\$350	\$262.50	\$175
D6242	Porcelain fused to noble metal	\$350	\$262.50	\$175
D6245	Porcelain/ceramic	\$350	\$262.50	\$175
D6250	Resin with high noble metal	\$350	\$262.50	\$175
D6251	Resin with predominantly base metal	\$350	\$262.50	\$175
D6252	Resin with noble metal	\$350	\$262.50	\$175
Fixed Bridge Retainers – Inlays/Onlays				

D6608	Onlay, porcelain/ceramic, 2 surfaces	\$350	\$262.50	\$175.00
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$350	\$262.50	\$175.00
D6610	Onlay, cast high noble metal, 2 surfaces	\$350	\$262.50	\$175.00
D6611	Onlay, cast high noble metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6612	Onlay, cast predominantly base metal, 2 surfaces	\$350	\$262.50	\$175.00
D6613	Onlay, cast predominantly base metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6614	Onlay, cast noble metal, 2 surfaces	\$350	\$262.50	\$175.00
D6615	Onlay, cast noble metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6634	Onlay, titanium	\$350	\$262.50	\$175.00
Bridge Retainers – Crowns				
D6710	Crown – indirect resin based composite	\$350	\$262.50	\$175.00
D6720	Crown – resin with high noble metal	\$350	\$262.50	\$175.00
D6721	Crown – resin with predominantly base metal	\$350	\$262.50	\$175.00
D6722	Crown – resin with noble metal	\$350	\$262.50	\$175.00
D6750	Porcelain fused to high noble metal	\$350	\$262.50	\$175.00
D6751	Porcelain fused to base metal	\$350	\$262.50	\$175.00
D6752	Porcelain fused to noble metal	\$350	\$262.50	\$175.00
D6780	3/4 cast high noble metal	\$350	\$262.50	\$175.00
D6781	3/4 cast base metal	\$350	\$262.50	\$175.00
D6782	3/4 cast noble metal	\$350	\$262.50	\$175.00
D6783	¾ porcelain/ceramic	\$350	\$262.50	\$175.00
D6790	Full cast high noble metal	\$350	\$262.50	\$175.00
D6791	Full cast base metal	\$350	\$262.50	\$175.00
D6792	Full cast noble metal	\$350	\$262.50	\$175.00
D6794	Crown - titanium	\$350	\$262.50	\$175.00
Other Fixed Prosthetic Services				
D6930	Recement fixed partial denture	\$33	\$24.75	\$16.50
ORAL SURGERY				
Extractions (Simple)				
D7111	Extraction, coronal remnants - deciduous tooth	\$59	\$44.25	\$29.50
D7140	Extraction, erupted tooth or exposed root	\$59	\$44.25	\$29.50
Surgical Extractions				
D7210	Surgical removal of erupted tooth	\$100	\$75	\$50
D7220	Removal of impacted tooth – soft tissue	\$100	\$75	\$50
D7230	Removal of impacted tooth – partially bony	\$100	\$75	\$50
D7240	Removal of impacted tooth – completely bony	\$100	\$75	\$50
D7250	Surgical removal of residual roots	\$100	\$75	\$50
Other Surgical Procedures				
D7280	Surgical access of unerupted tooth	\$100	\$75	\$50
Alveoloplasty (Surgical Preparation Of Ridge For Dentures)				
D7310	In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$100	\$75	\$50
ADJUNCTIVE GENERAL SERVICES				
Unclassified Treatment				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$55	\$41.25	\$27.50
Professional Visits				
D9440	Office visit after regularly scheduled hours	\$25	\$18.75	\$12.50

* If noble or high noble metal is used, or porcelain, ceramic, or resin on molars the member must pay the difference in the laboratory cost between the noble or high noble metal and base metal.]

** Includes any adjustments for six months.

IMPORTANT: Any procedure code not specifically listed above as a Covered Expense is excluded.

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered [Employee] is either:

1. at work on one of the [employer's] scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the [employer's] business requires him to travel;
2. on a scheduled holiday, vacation day or period of [employer]-approved paid leave of absence, only if the [employee] was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

Appropriate Treatment means care, services or supplies, provided by or at the direction of a Dentist that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury or sickness and are provided during the course of treatment of an injury sustained in a Covered Accident or for a Covered Sickness.

Benefit Amount means the amount that will be paid per procedure.

[Calendar] [Benefit] [Plan] Year or annual or annually means a period of twelve consecutive months beginning on the Policy Effective Date and subsequent Anniversary Dates.

Covered Accident means an event that results, directly in an injury or loss and meets all of the following conditions:

1. occurs while the Covered [Employee] is insured under this Certificate or is not subject to the Pre-Existing Condition Limitation, if any;
2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

Covered [Employee] means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and

for whom coverage under this Certificate remains in force.

Covered Expenses means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Dental Indemnity Benefits* section of this Certificate. Covered Expenses must be Incurred by a Covered Person for Appropriate Treatment for injuries sustained in a Covered Accident or for a Covered Sickness. Procedure codes for services or supplies not listed, in the *Schedule of Benefits* are excluded.

Covered Person means a Covered [Employee], an eligible spouse and eligible dependent children who are insured under this Certificate.

Covered Sickness means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is insured under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

Dentist means a person licensed to practice dentistry in the state or country in which dental services are rendered.

Eligible Dependent means the Covered [Employee's]:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered [Employee] under this Certificate; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered [Employee] under this Certificate and who:
 - a. is less than [19] years old; or
 - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
 - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. This insurance will continue for as long as the Covered [Employee's] insurance stays in force and the child remains incapacitated;
 - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered [Employee]; or
 - e. is required to be provided coverage by the Insured or His spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

Eligible Person means an individual as defined in the *Schedule of Benefits*.

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.

4. Undergo a physical examination and testing at our request.]

He, him or his means an individual, male or female.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

Maximum Payment means the maximum dollar amount the Company will pay in any [Calendar] [Plan] [Benefit] Year for Covered Services. The Maximum Payment is specified in the *Schedule of Benefits*.

Policyholder means the entity shown on the cover page of this Certificate.

Processing Guidelines means the policies and guidelines used for payment of claims. The Processing Guidelines are based, in part, on coding definitions established by the American Dental Association, and may be amended from time to time. The Processing Guidelines are available upon request.

RLHICA or we, us, our means **Renaissance Life & Health Insurance Company of America**.

Submitted Amount means the fee a Dentist bills for a specific treatment.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Policy Effective Date

We agree to provide Dental Indemnity Insurance Benefits described in this Certificate in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Certificate's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

Effective Date for Newly-Acquired Affiliates

Insurance becomes effective for any newly-acquired affiliate of the Policyholder on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the affiliate will be come effective on first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are [employees] of an affiliate on its effective date of insurance under this Certificate will be eligible for insurance on that date.

Eligibility

An [employee] becomes eligible for insurance under this Certificate on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the [employee] becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Certificate.

No person may be eligible for insurance under this Certificate as both an [employee] and a spouse or dependent child at the same time.

[If both spouses are eligible as [employees], the dependent children, may be covered under only one [employee], but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and

have no dependent children;

1. both will be insured as Covered [Employees] when a Covered [Employee] is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered [Employees] or one may elect to insure the other as an Eligible Dependent when a Covered [Employee] is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered [Employees] and dependent coverage will be provided via only the parent whose birthday occurs first during a [Calendar] [Plan] [Benefit] year, when a Covered [Employee] is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered [Employees] but only one may elect dependent coverage to insure dependent children, when a Covered [Employee] is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible [employee] who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the [employee] becomes eligible;
3. first of the month following the date we receive the [employee's] completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an [employee's] Eligible Dependent[s] if [he] [the [employee]] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the [employee] becomes eligible;
- [3.] [first of the month following the date the [employee's] insurance becomes effective][;]
- [4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;
- [5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 31 days later unless [the [employee] has a Spouse or] other Dependent Children [are] insured under this Certificate or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

Deferred Effective Date

The effective date of insurance will be deferred for any [employee] who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person.

Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

Late Enrollee

An Eligible Person will be considered a late enrollee if he does not apply for insurance under this Certificate within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Certificate within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

[Coverage for any late enrollee will become effective on the first of the month following the Policyholder's open enrollment period.]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Certificate or a change in the [employee's] Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

Please read the *Continuation Provisions* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which premium is paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered [Employee] or first of the month following the date of divorce from the Covered [Employee].

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

Continuation Provisions

Continuation may be available after the termination of this insurance subject to the Policyholder's personnel practices now in effect or hereafter amended.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, policy and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized [written] [electronic] proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. [If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable.

If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, [written] [or] [authorized electronic] proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Policy for any loss not later than 30 days after the receipt by the company of the required written proofs of loss. An insurer which violates this Section if liable under said policy, shall pay to the insured, in addition to any other penalty provided for, interest at the rate of 9% per annum from the 30th day after receipt of such proofs of loss to the date of late payment of the accrued indemnities, provided that interest amounting to less than one dollar need

not be paid.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to His estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign [Employees]

The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered [Employees] whose place of employment is other than:

1. the United States and its possessions; or
2. the Dominion of Canada.

We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of our liability for those payments under this Certificate.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Certificate less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

Cancellation

If a premium is not paid when due, we will cancel this Certificate at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Grace Period

An Individual Grace Period of [31] days, applicable when a Covered Person remains eligible under this Certificate under the *Continuation Provisions*, will be granted for payment of required premiums. A Covered Person's insurance under this Certificate will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due.

If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Certificate will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Certificate is the sum of premiums paid by Covered Persons who remain eligible for coverage under one of the *Continuation Provisions* of this Certificate.

If any premium is not paid when due, this Certificate will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Certificate change;
2. coverage is reinstated following failure to pay premium during the Grace Period;
3. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Certificate; or

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

[Reinstatement

A Covered Person's Insurance may be reinstated if it lapsed:

1. because the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
2. due to non-payment of premium; or
3. following the end of any period of continuation, as provided in the *Continuation Provisions*. Requirements for reinstatement are written application satisfactory to us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.] [No premiums will be applied to any period more than 60 days before the reinstatement date.]

GENERAL PROVISIONS

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Certificate will be such as the premium paid would have purchased had such fact been correctly stated.

[10 Day Right To Examine Certificate

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

Assignment

[The rights and benefits provided by this Certificate, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Certificate may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Certificate. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Certificate is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

DESCRIPTION OF INDEMNITY DENTAL BENEFITS

This Section describes the Dental Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

DENTAL EXPENSE BENEFITS

We will pay benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Appropriate Treatment of an injury sustained in a Covered Accident or for Appropriate Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis.

Unless otherwise specified in the *Schedule of Benefits*, Covered Expenses may be divided into the following classes, and are subject to the exclusions and limitations listed below. Please see the *Schedule Benefits* for the classification of benefits, exclusions and limitations applicable under the Policy.

All time limitations are measured either from the last date of service under this Certificate, or at the request of the Policyholder from the last date of service in any dental plan.

Class I

1. Diagnostic and Preventive Services:

Services and procedures to evaluate existing conditions and/or to prevent dental abnormalities or disease; such services include evaluations (examinations), prophylaxes (cleanings), bitewing X rays and fluoride treatments. These services are subject to the following exclusions and limitations:

- a. Topical fluoride treatments are payable twice in a [Calendar] [Benefit] [Plan] Year for Eligible Dependent children, under age 14.
- b. Expenses for oral evaluations rendered as a consultation or exam are payable twice in any [Calendar] [Benefit] [Plan] Year, whether provided under one or more dental plans.

- c. Expenses for prophylaxes, including periodontal maintenance procedures and full mouth debridement are payable twice in any [Calendar] [Benefit] [Plan] Year.
- d. Bitewing X-rays are payable once in any [Calendar] [Benefit] [Plan] Year.
- e. Expenses for space maintenance are payable once per lifetime, per area, for Eligible Dependent children under the age of 14 years.
- f. We will not make payment for preventive control programs, including home care items, oral hygiene instructions, nutritional counseling, and tobacco counseling and all charges for the same will be the responsibility of the Covered Person.
- g. We will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Covered Person, unless otherwise indicated in the *Schedule of Benefits*.

Class II

1. Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

2. Radiographs (x-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- a. Full mouth X-rays (which include bitewing X-rays) or a panoramic x-ray (with or without bitewing x-rays) are payable once in any five-year period.
- b. A serial listing of x-rays is paid as a full mouth series if the total fee equals or exceeds the fee for a complete series.
- c. Any supplemental films with a full mouth series are part of the complete procedure.
- d. Expenses for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- e. Expenses for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable .

3. Minor Restorative Services

Minor restorative services to rebuild and repair natural tooth structure when damaged by disease or injury. These services include amalgam (silver) and resin (white) fillings, subject to the following exclusions and limitations:

- a. Amalgam and composite resin restorations are payable once per tooth surface within a 24month period regardless of the number of combination of restorations placed on a surface.
- b. We will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Covered Person.

4. Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

5. Sealants.

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period.

6. Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with expenses for prophylaxes, including periodontal maintenance procedures and full mouth debridement, are payable twice in any [Calendar] [Benefit] [Plan] Year.

7. Other Class II Services

- a. After hours visits, not to exceed once per [Calendar] [Benefit] [Plan] Year.
- b. Expenses for consultations (includes evaluation) by a dentist other than the practitioner providing treatment are payable once per [Calendar] [Benefit] [Plan] Year.

Class III

1. Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- a. We will not make payment for the following services, and all charges for the same will be the responsibility of the Covered Person: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- b. We will not make payment for the following expenses, and all charges for the same will be the responsibility of the Covered Person: prescription drugs, non-prescription drugs, pre-medications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, or behavior management.
- c. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasion, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.
- d. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person unless otherwise specified in the Declarations Section: appliances, restorations, x-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).
- e. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

2. Endodontic Services

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- a. Expenses for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- b. Expenses for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- c. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: pulp caps, maxillofacial prosthetics or myofunctional therapy.

1. Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth; such services are subject to the following exclusions and limitations:

- a. Expenses for prophylaxes, including periodontal prophylaxes and full mouth debridement are payable twice in any [Calendar] [Benefit] [Plan] Year.
- b. Expenses for root planing and scaling are payable once per area in any two-year period.
- c. Periodontal surgery is payable once per area in any three-year period.
- d. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

4. Major Restorative

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material; such services are subject to the following exclusions and limitations:

- a. Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- b. Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Eligible Dependent children less than 12 years of age.
- c. Expenses for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.
- d. Optional treatment: If the Covered Person selects a more expensive service than is customarily provided or for which the Company does not determine that a valid dental need is shown, the Company may make an allowance based on the fee for the customarily provided service.
- e. We will not make payment for inlays (cast, porcelain, composite resin, or ceramic) and all charges for the same will be the responsibility of the Covered Person.
- f. We will not make payment for the following procedures and services and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosions; and, (d) splint or stabilize teeth for periodontal reasons.

5. Prosthodontic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures), subject to the following exclusions and limitations:

- a. One complete upper and one complete lower denture are covered once in any seven-year period.
- b. A partial denture, fixed bridge, or removable bridge and any associated services are payable once in any seven-year period.
- c. Fixed bridges and removable cast partials are not payable for Eligible Dependent children less than 16 years of age
- d. Fixed bridgework, replacement of fixed bridgework or addition of teeth to existing bridgework to replace extracted natural teeth is covered only if the replacement is required to replace one or more natural teeth extracted while a member under the plan.
- e. Expenses for tissue conditioning are payable twice per denture unit in any three-year period.
- f. Endosteal implants are allowed once per tooth, per lifetime. We will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- g. We will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs, and all charges for the same will be the responsibility of the Covered Person unless otherwise specified in the *Schedule of Benefits*.
- h. We will not make payment for procedures to replace a missing tooth or teeth that were lost before the effective date of a Covered Person's insurance and all charges for the same will be the responsibility of the Covered Person.
- i. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: lost, missing, or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- j. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

7. Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures; a reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

8. Other Class III Services

- a. Expenses for an occlusal guard are payable only once in any five-year period.
- b. Expenses for limited occlusal adjustments are payable once in a [Calendar] [Benefit] [Plan] Year.
- c. Office visits during regularly scheduled hours are payable once per [Calendar] [Benefit] [Plan]

Year.

- d. We will not make payment for the following expenses, and all charges for the same will be the responsibility of the Covered Person: repair, relines, or adjustments of occlusal guards.
- e. We will not make payment for the following procedures and services and all charges for the same will be the responsibility of the Covered Person: prescription drugs, nonprescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards house/extended care facility visit, mounted occlusal analysis, complete occlusal adjustment, enamel microabrasions, odontoplasty or bleaching.

EXCLUSIONS AND LIMITATIONS

Exclusions

In addition to the exclusions listed above in *Dental Expense Benefits*, we will not make payment for the following expenses, procedures and services, and all charges for the same will be the responsibility of the Covered Person, unless otherwise specified in the *Schedule of Benefits*.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws.
2. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.
3. Services or appliances started prior to the date the person became eligible under the Policy.
4. Charges for failure to keep a scheduled visit with the Dentist.
5. Charges for completion of forms or submission of claims.
6. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
7. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
8. Those expenses, procedures and services excluded by our current policies and procedures, including the Processing Guidelines. Processing Guidelines are available upon request.
9. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of coverage.
10. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
11. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
12. Services that are not within the classes of Benefits selected by the Policyholder and that are not described in the Policy.
13. Charges for any services or supplies for which a procedure code is not specifically listed in the *Schedule of Benefits*.

Limitations

In addition to the limitations listed above in *Dental Expense Benefits*, the following limitations apply under the Policy, unless otherwise specified in the *Schedule of Benefits*:

1. Our obligation for payment of *Dental Expense Benefits* ends on the last day of the month in which coverage is terminated under the Policy.
2. When services in progress are interrupted and completed later by another Dentist, we will review the claim to determine the amount of payment, if any, to each Dentist.
3. Care terminated due to the death of a Covered Person will be paid to the limit of our liability for the services completed or in progress.
4. The Maximum Benefit payable in any one [Calendar] [Benefit] [Plan] Year will be limited to the amount specified in the *Schedule of Benefits*.
5. If a Deductible is specified in the *Schedule of Benefits*, we will not be obligated to pay for, in whole or in part, any services until such Deductible amount is met.
6. Processing Guidelines may limit payment. Processing Guidelines are available upon request.

[Limitation for Pre-Existing Conditions]

We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Certificate;

1. if he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. if he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]

Policyholder Service Office of Company _____
Address _____
Telephone Number _____
Name of Agent _____
Address _____
Telephone Number _____

"If we at Renaissance Life & Health Insurance Company of America fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Divisions
400 University Tower Building
Little Rock, Arkansas 72204
(501) 371-1813



Renaissance_{sm}

Application for [XXXXXXXXXX XXXXXX XXXXXXXXXXXX]

Please Type or Print – Must be completed in full. Indicate “N/A” or “none” if item does not apply.
 This application must be accompanied by the Coverage Transmittal form and the proposal for the coverage requested.
 When completed return to: 260 West Main St., Suite 215, Hendersonville, TN 37075 · 800-886-3908

1. Applicant

Full Legal Name of Group (to appear on Policy)	Tax ID Number	() Business Telephone
Address	Zip + 4	() Fax Number
Delivery Address (If Different from Above)		E-Mail
		Internet
Nature of Business	SIC Code	<input type="radio"/> Corp. <input type="radio"/> Gov
<input type="checkbox"/> Affiliates to be Insured: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes please attached a separate sheet)		<input type="radio"/> Partner <input type="radio"/> Other

2. Requested Effective Date:

____/____/____

3. # Eligible Employees

4. Will the requested insurance replace existing insurance? ☐ Yes ☐ No

5. Premium Deposit of \$_____ included. Estimated 1st month's premium (must be attached to this application). The Premium Deposit will be applied to the first premium when due. Make check payable to **Renaissance Life & Health Insurance Company of America**. Do not make the check payable to the agent or leave the “Payee” blank. If a policy is not issued, the premium deposit will be refunded in full.

APPLICANT AGREES THAT

The insurance coverage requested and requested effective date must be approved by **Renaissance Life & Health Insurance Company of America (RLHICA)** under its current rules and practices including Active Work, Evidence of Insurability and Pre-existing Condition provisions. All options and special requests are subject to Home Office approval. No insurance agent or broker has authority to guarantee acceptability of requested insurance coverage. All materials describing this coverage must be approved in writing by **RLHICA** prior to distribution. Note: Coverage will not be in effect until notified in writing by the Home Office. Do not cancel prior coverage until notified. Premium rates quoted were based on the data submitted to **RLHICA**. Final premium rates will be determined on the basis of the actual composition of the group of persons who become insured.

I represent that the statements contained in this application are true and complete to the best of my knowledge and belief, and I understand that they form the basis for **RLHICA**'s approval of the coverage requested.

Print Name of Applicant's Authorized Representative _____

Signature of Applicant's Authorized Representative _____

Date _____

Title _____

Signature of Witness and/or Agent _____

Location, City/State _____

Signature of Resident Agent where required/Agent License Number _____

Name of Resident Agent _____

FRAUD NOTICE (Please read carefully)

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

<i>SERFF Tracking Number:</i>	<i>RENA-125837731</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Renaissance Life & Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>40424</i>
	<i>of America</i>		
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Renaissance Dental Care</i>		
<i>Project Name/Number:</i>	<i>Group Dental/37</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: RENA-125837731 State: Arkansas
Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 40424
of America
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Renaissance Dental Care
Project Name/Number: Group Dental/37

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 10/06/2008
Comments:
Attachments:
AR Certificate of Compliance.pdf
AR Readability Certification.pdf

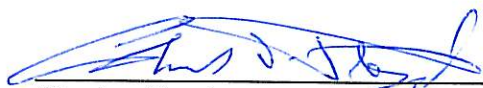
Satisfied -Name: Application **Review Status:** Approved-Closed 10/06/2008
Comments:
Attachment:
DT-302A-Direct Application.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

Company Name: Renaissance Life & Health Insurance Company of America

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading East Test.

Form Number	Score
DT-301A-AR	40.1
DT-300A	40.1
DT-302A	43.3



Charles Floyd
Executive Vice President

10/3/08

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

Company Name: Renaissance Life & Health Insurance Company of America

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading East Test.

Form Number	Score
DT-301A-AR	40.1



Charles Floyd
Executive Vice President

9-30-08

Date



Renaissance_{sm}

Application for [XXXXXXXXXX XXXXXX XXXXXXXXXXXX]

Please Type or Print – Must be completed in full. Indicate “N/A” or “none” if item does not apply.
 This application must be accompanied by the Coverage Transmittal form and the proposal for the coverage requested.
 When completed return to: 260 West Main St., Suite 215, Hendersonville, TN 37075 · 800-886-3908

1. Applicant

Full Legal Name of Group (to appear on Policy)	Tax ID Number	() Business Telephone
Address	Zip + 4	() Fax Number
Delivery Address (If Different from Above)		E-Mail
		Internet
Nature of Business	SIC Code	<input type="radio"/> Corp. <input type="radio"/> Gov
<input type="checkbox"/> Affiliates to be Insured: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes please attached a separate sheet)		<input type="radio"/> Partner <input type="radio"/> Other

2. Requested Effective Date:

____/____/____

3. # Eligible Employees

4. Will the requested insurance replace existing insurance? ☐ Yes ☐ No

5. Premium Deposit of \$_____ included. Estimated 1st month's premium (must be attached to this application). The Premium Deposit will be applied to the first premium when due. Make check payable to **Renaissance Life & Health Insurance Company of America**. Do not make the check payable to the agent or leave the “Payee” blank. If a policy is not issued, the premium deposit will be refunded in full.

APPLICANT AGREES THAT

The insurance coverage requested and requested effective date must be approved by **Renaissance Life & Health Insurance Company of America (RLHICA)** under its current rules and practices including Active Work, Evidence of Insurability and Pre-existing Condition provisions. All options and special requests are subject to Home Office approval. No insurance agent or broker has authority to guarantee acceptability of requested insurance coverage. All materials describing this coverage must be approved in writing by **RLHICA** prior to distribution. Note: Coverage will not be in effect until notified in writing by the Home Office. Do not cancel prior coverage until notified. Premium rates quoted were based on the data submitted to **RLHICA**. Final premium rates will be determined on the basis of the actual composition of the group of persons who become insured.

I represent that the statements contained in this application are true and complete to the best of my knowledge and belief, and I understand that they form the basis for **RLHICA**'s approval of the coverage requested.

Print Name of Applicant's Authorized Representative _____

Signature of Applicant's Authorized Representative _____

Date _____

Title _____

Signature of Witness and/or Agent _____

Location, City/State _____

Signature of Resident Agent where required/Agent License Number _____

Name of Resident Agent _____

FRAUD NOTICE (Please read carefully)

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

SERFF Tracking Number: RENA-125837731 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 40424

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

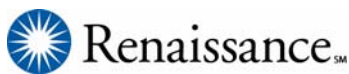
Product Name: Renaissance Dental Care

Project Name/Number: Group Dental/37

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Direct Issue Certificate	10/01/2008	DT-301A-AR Direct Issue Certificate.pdf
No original date	Form	Direct Issue Policy	10/01/2008	DT-300A Direct Issue Policy.pdf



Renaissance Life & Health Insurance Company of America
[260 West Main Street, Suite 215, Hendersonville, Tennessee 37075]
[(800) 886-3908]

[XXXXXXXXXX XXXXXXXX XXXXXXXXX]

Renaissance Life & Health Insurance Company of America (RLHICA), certifies that you will be insured under the Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Policy.

President

POLICYHOLDER:	[*]
POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	[*]

A Policy has been issued to the Policyholder. Your coverage under that Policy is shown in this Certificate. If your coverage is changed by an amendment to the Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The terms "RLHICA ", we", "us", and "our" refer to **Renaissance Life & Health Insurance Company of America**. Other defined terms are printed with an initial capital letter.

• **GROUP INDEMNITY DENTAL INSURANCE CERTIFICATE • NON-PARTICIPATING**

TABLE OF CONTENTS

SCHEDULE OF AFFILIATES	3
SCHEDULE OF BENEFITS.....	3
GENERAL DEFINITIONS	9
ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS	11
CLAIM PROVISIONS	14
ADMINISTRATIVE PROVISIONS	16
GENERAL PROVISIONS.....	17
DESCRIPTION OF INDEMNITY DENTAL BENEFITS	18
DENTAL EXPENSE BENEFITS	18
EXCLUSIONS AND LIMITATIONS	23

SCHEDULE OF AFFILIATES

The following affiliates are covered under the Policy on the effective dates listed below. A newly-acquired affiliate may be covered under the Policy on the date it is acquired as long as the Policyholder notifies us within **[180]** days of its acquisition and pays the required premium. If we are not notified within the required time period, the affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

Affiliate Name	Location	Effective Date
[*]	[*]	[*]

[or] [none on the Policy Effective Date]

SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of this Certificate's provisions carefully.

Minimum Participation Requirement: [10% to 100%] of all Eligible Persons

Eligible Persons: An Eligible Person is an individual who

[is [a full-time] [an] [employee] of the Policyholder who works at least [15] hours per week [and meets all of the requirements of one of the Covered Classes shown below:

[Class 1 All [employees] of the Policyholder who are officers]

[Class 2 All [employees] of the Policyholder who are managers or supervisors]

[Class 3 All other [employees] of the Policyholder].]

[is a [full-time] associate of the Policyholder who works at least [15] hours per week.]

[is a member [in good standing] of the Policyholder.]

[is [a contracted] [an] agent [under] [an exclusive] contract] [with] [of] the Policyholder.]

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an [employee] must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the [employee] is not in Active Service.

For [employee]s hired [[31 days] or more] before [No Waiting Period] the Certificate Effective Date:

For [employee]s hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Certificate Effective Date:

DENTAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides an outline of the Dental Indemnity Benefits provided by this Certificate. Please read the *Description of Benefits* section for full details.

[Maximum Benefit – [Calendar] [Plan] [Benefit] Year]		[\$[250] [500] [750] [1000]		
Covered Expense		Benefit Amount		
Procedure Code	Description	[Plan A	[Plan B	[Plan C
DIAGNOSTIC SERVICES				
Clinical Oral Evaluations				
D0120	Oral examination, periodic	\$25	\$18.75	\$12.50
D0140	Oral examination, limited, problem focused (emergency)	\$25	\$18.75	\$12.50
D0150	Oral examination, comprehensive evaluation	\$25	\$18.75	\$12.50
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$25	\$18.75	\$12.50
D0180	Oral examination, comprehensive periodontal evaluation	\$25	\$18.75	\$12.50
Radiographs				
D0210	Intraoral, complete series (includes bitewings)	\$70	\$52.50	\$35.00
D0220	Intraoral, periapical first film	\$15	\$11.25	\$7.50
D0230	Intraoral, periapical each addtl film	\$15	\$11.25	\$7.50
D0240	Intraoral, occlusal	\$15	\$11.25	\$7.50
D0250	Extraoral-first film	\$15	\$11.25	\$7.50
D0260	Extraoral- each addtl film	\$15	\$11.25	\$7.50
D0270	Bitewing, 1 film	\$25	\$18.75	\$12.50
D0272	Bitewing, 2 films	\$25	\$18.75	\$12.50
D0274	Bitewing, 4 films	\$25	\$18.75	\$12.50
D0277	Bitewing, vertical, 7 to 8 films	\$25	\$18.75	\$12.77
D0330	Panoramic film	\$70	\$52.50	\$35.00
PREVENTIVE				
Dental Prophylaxis (Cleaning)				
D1110	Prophylaxis – adult	\$45	\$33.75	\$22.50
D1120	Prophylaxis – child	\$45	\$33.75	\$22.50
Fluoride Treatment				
D1203	Topical application of fluoride - child	\$20	\$15	\$10
Other Preventive Services				
D1351	Sealant – per tooth	\$30	\$22.50	\$15.00
RESTORATIVE PROCEDURES				
Amalgam Restorations				
D2140	1 surface	\$78	\$58.50	\$39.00
D2150	2 surfaces	\$78	\$58.50	\$39.00
D2160	3 surfaces	\$78	\$58.50	\$39.00
D2161	4 or more surfaces	\$78	\$58.50	\$39.00
Resin Restorations				
D2330	1 surface, anterior	\$78	\$58.50	\$39.00
D2331	2 surfaces, anterior	\$78	\$58.50	\$39.00
D2332	3 surfaces, anterior	\$78	\$58.50	\$39.00

D2335	Involving incisal angle or 4 or more surfaces, anterior	\$78	\$58.50	\$39.00
D2390	Crown, anterior	\$78	\$58.50	\$39.00
D2391	1 surface, posterior	\$78	\$58.50	\$39.00
D2392	2 surfaces, posterior	\$78	\$58.50	\$39.00
D2393	3 surfaces, posterior	\$78	\$58.50	\$39.00
D2394	4 or more surfaces, posterior	\$78	\$58.50	\$39.00
Onlay Restorations *				
D2542	Onlay, metallic, 2 surfaces	\$350	\$262.50	\$175
D2543	Onlay, metallic, 3 surfaces	\$350	\$262.50	\$175
D2544	Onlay, metallic, 4 or more surfaces	\$350	\$262.50	\$175
D2642	Onlay, porcelain/ceramic – two surfaces	\$350	\$262.50	\$175
D2643	Onlay, porcelain/ceramic – three surfaces	\$350	\$262.50	\$175
D2644	Onlay, porcelain/ceramic – four or more surfaces	\$350	\$262.50	\$175
D2662	Onlay, resin-based composite – two surfaces	\$200	\$150	\$100
D2663	Onlay, resin-based composite – three surfaces	\$200	\$150	\$100
D2664	Onlay, resin-based composite – four or more surfaces	\$200	\$150	\$100
Crowns - Single Restoration Only *				
D2710	Resin (indirect)	\$200	\$150	\$100
D2712	Crown – ¾ resin-based composite (indirect)	\$200	\$150	\$100
D2720	Crown – resin with high noble metal	\$350	\$262.50	\$175
D2721	Crown – resin with predominantly base metal	\$350	\$262.50	\$175
D2722	Crown – resin with noble metal	\$350	\$262.50	\$175
D2740	Porcelain/ceramic substrate	\$350	\$262.50	\$175
D2750	Porcelain fused to high noble metal	\$350	\$262.50	\$175
D2751	Porcelain fused to predominantly base metal	\$350	\$262.50	\$175
D2752	Porcelain fused to noble metal	\$350	\$262.50	\$175
D2780	¾ cast high noble metal	\$350	\$262.50	\$175
D2781	¾ cast predominantly base metal	\$350	\$262.50	\$175
D2782	¾ cast noble metal	\$350	\$262.50	\$175
D2783	¾ porcelain/ceramic	\$350	\$262.50	\$175
D2790	Full cast high noble metal	\$350	\$262.50	\$175
D2791	Full cast predominantly base metal	\$350	\$262.50	\$175
D2792	Full cast noble metal	\$350	\$262.50	\$175
D2794	Titanium	\$350	\$262.50	\$175
D2799	Provisional crown	\$121	\$90.75	\$60.50
Other Restorative Services				
D2910	Recement onlay or partial coverage restoration	\$33	\$24.75	\$16.50
D2915	Recement cast or prefabricated post and core	\$33	\$24.75	\$16.50
D2920	Recement crown	\$33	\$24.75	\$16.50
D2930	Crown - prefabricated stainless steel, primary	\$100	\$75	\$50
D2931	Crown - prefabricated stainless steel, permanent	\$100	\$75	\$50
D2932	Crown - prefabricated resin	\$100	\$75	\$50
D2933	Prefabricated stainless steel crown with resin window	\$100	\$75	\$50
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$100	\$75	\$50
D2961	Labial veneer (resin laminate) – laboratory	\$350	\$262.50	\$175
D2962	Labial veneer (porcelain laminate) - laboratory	\$350	\$262.50	\$175
ENDODONTICS				
[Pulpotomy]				
D3220	Therapeutic pulpotomy	\$50	\$37.50	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$50	\$37.50	\$25.00

D3230	Pulpal therapy (resorbable filling) - anterior, primary (excl final rest)	\$50	\$37.50	\$25.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary (excl final rest)	\$50	\$37.50	\$25.00
Root Canal Therapy				
D3310	Anterior (excludes final restoration)	\$250	\$187.50	\$125.00
D3320	Bicuspid (excludes final restoration)	\$250	\$187.50	\$125.00
D3330	Molar (excludes final restoration)	\$250	\$187.50	\$125.00
D3332	Incomplete endodontic therapy -inoperable, unrestorable or fractured tooth	\$250	\$187.50	\$125.00
D3333	Internal root repair of perforation defects	\$54	\$40.50	\$27.00
D3346	Retreatment, anterior	\$250	\$187.50	\$125.00
D3347	Retreatment, bicuspid	\$250	\$187.50	\$125.00
D3348	Retreatment, molar	\$250	\$187.50	\$125.00
PERIODONTIC SERVICES				
Surgical Services				
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$200	\$150	\$100
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$95	\$71.25	\$47.50
D4240	Gingival flap procedure, includes root planing – 4 or more teeth per quadrant	\$200	\$150	\$100
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$95	\$71.25	\$47.50
D4245	Apically positioned flap	\$200	\$150	\$100
D4249	Clinical crown lengthening	\$200	\$150	\$100
D4260	Osseous surgery – 4 or more teeth per quadrant	\$500	\$375	\$250
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$200	\$150	\$100
D4263	Bone replace graft – first site	\$95	\$71.25	\$47.50
D4264	Bone replacement graft – each addt'l site in quadrant	\$50	\$37.50	\$25.00
D4266	Guided tissue regeneration – resorbable barrier, persite	\$95	\$71.25	\$47.50
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$200	\$150	\$100
Non-Surgical Services				
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$86	\$64.50	\$43.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	\$40	\$30	\$20
D4355	Full mouth debridement	\$45	\$33.75	\$22.50
Other Periodontal Services				
D4910	Periodontal maintenance	\$45	\$33.75	\$22.50
PROSTHODONTICS (Removable) **				
Complete Dentures				
D5110	Denture - complete, maxillary	\$500	\$375	\$250
D5120	Denture - complete, mandibular	\$500	\$375	\$250
D5130	Denture - immediate, maxillary	\$500	\$375	\$250
D5140	Denture - immediate, mandibular	\$500	\$375	\$250
Partial Dentures				
D5211	Maxillary, resin base	\$400	\$300	\$200
D5212	Mandibular, resin base	\$400	\$300	\$200
D5213	Maxillary, cast metal framework with resin denture base	\$400	\$300	\$200
D5214	Mandibular, cast metal framework with resin denture	\$400	\$300	\$200

	base			
D5225	Maxillary, flexible base	\$400	\$300	\$200
D5226	Mandibular, flexible base	\$400	\$300	\$200
D5281	Removable unilateral, 1 piece cast metal	\$400	\$300	\$200
Adjustment To Dentures				
D5410	Complete, maxillary	\$26	\$19.50	\$13.00
D5411	Complete, mandibular	\$26	\$19.50	\$13.00
D5421	Partial, maxillary	\$26	\$19.50	\$13.00
D5422	Partial, mandibular	\$26	\$19.50	\$13.00
Repairs To Complete Dentures				
D5510	Repair broken denture base	\$50	\$37.50	\$25.00
D5520	Replace missing or broken teeth (each tooth)	\$50	\$37.50	\$25.00
Repairs To Partial Dentures				
D5610	Repair resin denture base	\$50	\$37.50	\$25.00
D5620	Repair cast framework	\$50	\$37.50	\$25.00
D5630	Repair or replace broken clasp	\$50	\$37.50	\$25.00
D5640	Replace broken tooth (each)	\$50	\$37.50	\$25.00
D5650	Add tooth to existing partial denture	\$50	\$37.50	\$25.00
D5660	Add clasp to existing partial denture	\$50	\$37.50	\$25.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$139	\$104.25	\$69.50
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$139	\$104.25	\$69.50
Denture Rebase Procedures				
D5710	Complete maxillary denture	\$172	\$129	\$86
D5711	Complete mandibular denture	\$172	\$129	\$86
D5720	Maxillary partial denture	\$172	\$129	\$86
D5721	Mandibular partial denture	\$172	\$129	\$86
Denture Reline Procedures				
D5730	Complete maxillary, chairside	\$100	\$75	\$50
D5731	Complete mandibular, chairside	\$100	\$75	\$50
D5740	Maxillary partial, chairside	\$100	\$75	\$50
D5741	Mandibular partial, chairside	\$100	\$75	\$50
D5750	Complete maxillary, laboratory	\$100	\$75	\$50
D5751	Complete mandibular, laboratory	\$100	\$75	\$50
D5760	Maxillary partial, laboratory	\$100	\$75	\$50
D5761	Mandibular partial, laboratory	\$100	\$75	\$50
PROSTHODONTICS (Fixed) *				
Bridge Pontics (Per Unit)				
D6210	Cast high noble metal	\$350	\$262.50	\$175
D6211	Cast base metal	\$350	\$262.50	\$175
D6212	Cast noble metal	\$350	\$262.50	\$175
D6214	Titanium	\$350	\$262.50	\$175
D6240	Porcelain fused to high noble metal	\$350	\$262.50	\$175
D6241	Porcelain fused to base metal	\$350	\$262.50	\$175
D6242	Porcelain fused to noble metal	\$350	\$262.50	\$175
D6245	Porcelain/ceramic	\$350	\$262.50	\$175
D6250	Resin with high noble metal	\$350	\$262.50	\$175
D6251	Resin with predominantly base metal	\$350	\$262.50	\$175
D6252	Resin with noble metal	\$350	\$262.50	\$175
Fixed Bridge Retainers – Inlays/Onlays				

D6608	Onlay, porcelain/ceramic, 2 surfaces	\$350	\$262.50	\$175.00
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$350	\$262.50	\$175.00
D6610	Onlay, cast high noble metal, 2 surfaces	\$350	\$262.50	\$175.00
D6611	Onlay, cast high noble metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6612	Onlay, cast predominantly base metal, 2 surfaces	\$350	\$262.50	\$175.00
D6613	Onlay, cast predominantly base metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6614	Onlay, cast noble metal, 2 surfaces	\$350	\$262.50	\$175.00
D6615	Onlay, cast noble metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6634	Onlya, titanium	\$350	\$262.50	\$175.00
Bridge Retainers – Crowns				
D6710	Crown – indirect resin based composite	\$350	\$262.50	\$175.00
D6720	Crown – resin with high noble metal	\$350	\$262.50	\$175.00
D6721	Crown – resin with predominantly base metal	\$350	\$262.50	\$175.00
D6722	Crown – resin with noble metal	\$350	\$262.50	\$175.00
D6750	Porcelain fused to high noble metal	\$350	\$262.50	\$175.00
D6751	Porcelain fused to base metal	\$350	\$262.50	\$175.00
D6752	Porcelain fused to noble metal	\$350	\$262.50	\$175.00
D6780	3/4 cast high noble metal	\$350	\$262.50	\$175.00
D6781	3/4 cast base metal	\$350	\$262.50	\$175.00
D6782	3/4 cast noble metal	\$350	\$262.50	\$175.00
D6783	¾ porcelain/ceramic	\$350	\$262.50	\$175.00
D6790	Full cast high noble metal	\$350	\$262.50	\$175.00
D6791	Full cast base metal	\$350	\$262.50	\$175.00
D6792	Full cast noble metal	\$350	\$262.50	\$175.00
D6794	Crown - titanium	\$350	\$262.50	\$175.00
Other Fixed Prosthetic Services				
D6930	Recement fixed partial denture	\$33	\$24.75	\$16.50
ORAL SURGERY				
Extractions (Simple)				
D7111	Extraction, coronal remnants - deciduous tooth	\$59	\$44.25	\$29.50
D7140	Extraction, erupted tooth or exposed root	\$59	\$44.25	\$29.50
Surgical Extractions				
D7210	Surgical removal of erupted tooth	\$100	\$75	\$50
D7220	Removal of impacted tooth – soft tissue	\$100	\$75	\$50
D7230	Removal of impacted tooth – partially bony	\$100	\$75	\$50
D7240	Removal of impacted tooth – completely bony	\$100	\$75	\$50
D7250	Surgical removal of residual roots	\$100	\$75	\$50
Other Surgical Procedures				
D7280	Surgical access of unerupted tooth	\$100	\$75	\$50
Alveoloplasty (Surgical Preparation Of Ridge For Dentures)				
D7310	In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$100	\$75	\$50
ADJUNCTIVE GENERAL SERVICES				
Unclassified Treatment				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$55	\$41.25	\$27.50
Professional Visits				
D9440	Office visit after regularly scheduled hours	\$25	\$18.75	\$12.50

* If noble or high noble metal is used, or porcelain, ceramic, or resin on molars the member must pay the difference in the laboratory cost between the noble or high noble metal and base metal.]

** Includes any adjustments for six months.

IMPORTANT: Any procedure code not specifically listed above as a Covered Expense is excluded.

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered [Employee] is either:

1. at work on one of the [employer's] scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the [employer's] business requires him to travel;
2. on a scheduled holiday, vacation day or period of [employer]-approved paid leave of absence, only if the [employee] was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

Appropriate Treatment means care, services or supplies, provided by or at the direction of a Dentist that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury or sickness and are provided during the course of treatment of an injury sustained in a Covered Accident or for a Covered Sickness.

Benefit Amount means the amount that will be paid per procedure.

[Calendar] [Benefit] [Plan] Year or annual or annually means a period of twelve consecutive months beginning on the Policy Effective Date and subsequent Anniversary Dates.

Covered Accident means an event that results, directly in an injury or loss and meets all of the following conditions:

1. occurs while the Covered [Employee] is insured under this Certificate or is not subject to the Pre-Existing Condition Limitation, if any;
2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

Covered [Employee] means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and

for whom coverage under this Certificate remains in force.

Covered Expenses means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Dental Indemnity Benefits* section of this Certificate. Covered Expenses must be Incurred by a Covered Person for Appropriate Treatment for injuries sustained in a Covered Accident or for a Covered Sickness. Procedure codes for services or supplies not listed, in the *Schedule of Benefits* are excluded.

Covered Person means a Covered [Employee], an eligible spouse and eligible dependent children who are insured under this Certificate.

Covered Sickness means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is insured under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

Dentist means a person licensed to practice dentistry in the state or country in which dental services are rendered.

Eligible Dependent means the Covered [Employee's]:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered [Employee] under this Certificate; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered [Employee] under this Certificate and who:
 - a. is less than [19] years old; or
 - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
 - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. This insurance will continue for as long as the Covered [Employee's] insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25];
 - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered [Employee]; or
 - e. is required to be provided coverage by the Insured or His spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

Eligible Person means an individual as defined in the *Schedule of Benefits*.

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.

3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

He, him or his means an individual, male or female.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

Maximum Payment means the maximum dollar amount the Company will pay in any [Calendar] [Plan] [Benefit] Year for Covered Services. The Maximum Payment is specified in the *Schedule of Benefits*.

Policyholder means the entity shown on the cover page of this Certificate.

Processing Guidelines means the policies and guidelines used for payment of claims. The Processing Guidelines are based, in part, on coding definitions established by the American Dental Association, and may be amended from time to time. The Processing Guidelines are available upon request.

RLHICA or we, us, our means **Renaissance Life & Health Insurance Company of America**.

Submitted Amount means the fee a Dentist bills for a specific treatment.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Policy Effective Date

We agree to provide Dental Indemnity Insurance Benefits described in this Certificate in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Certificate's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

Effective Date for Newly-Acquired Affiliates

Insurance becomes effective for any newly-acquired affiliate of the Policyholder on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the affiliate will be come effective on first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are [employees] of an affiliate on its effective date of insurance under this Certificate will be eligible for insurance on that date.

Eligibility

An [employee] becomes eligible for insurance under this Certificate on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the [employee] becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Certificate.

No person may be eligible for insurance under this Certificate as both an [employee] and a spouse or dependent child at the same time.

[If both spouses are eligible as [employees], the dependent children, may be covered under only one [employee], but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered [Employees] when a Covered [Employee] is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered [Employees] or one may elect to insure the other as an Eligible Dependent when a Covered [Employee] is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered [Employees] and dependent coverage will be provided via only the parent whose birthday occurs first during a [Calendar] [Plan] [Benefit] year, when a Covered [Employee] is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered [Employees] but only one may elect dependent coverage to insure dependent children, when a Covered [Employee] is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible [employee] who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the [employee] becomes eligible;
3. first of the month following the date we receive the [employee's] completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an [employee's] Eligible Dependent[s] if [he] [the [employee]] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the [employee] becomes eligible;
- [3.] [first of the month following the date the [employee's] insurance becomes effective][;]
- [4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;
- [5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 31 days later unless [the [employee] has a Spouse or] other Dependent Children [are] insured under this Certificate or

[makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

Deferred Effective Date

The effective date of insurance will be deferred for any [employee] who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

Late Enrollee

An Eligible Person will be considered a late enrollee if he does not apply for insurance under this Certificate within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Certificate within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

[Coverage for any late enrollee will become effective on the first of the month following the Policyholder's open enrollment period.]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Certificate or a change in the [employee's] Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

Please read the *Continuation Provisions* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which premium is paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered [Employee] or first of the month following the date of divorce from the Covered

[Employee].

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

Continuation Provisions

Continuation may be available after the termination of this insurance subject to the Policyholder's personnel practices now in effect or hereafter amended.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, policy and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized [written] [electronic] proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. [If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable.

If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, [written] [or] [authorized electronic] proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Policy for any loss not later than 30 days after the receipt by the company of the required written proofs of loss. An insurer which violates this Section if liable under said policy, shall pay to the insured, in addition to any other penalty provided for, interest at

the rate of 9% per annum from the 30th day after receipt of such proofs of loss to the date of late payment of the accrued indemnities, provided that interest amounting to less than one dollar need not be paid.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to His estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign [Employees]

The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered [Employees] whose place of employment is other than:

1. the United States and its possessions; or
2. the Dominion of Canada.

We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of our liability for those payments under this Certificate.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Certificate less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

Cancellation

If a premium is not paid when due, we will cancel this Certificate at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Grace Period

An Individual Grace Period of [31] days, applicable when a Covered Person remains eligible under this Certificate under the *Continuation Provisions*, will be granted for payment of required premiums. A Covered Person's insurance under this Certificate will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due.

If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Certificate will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Certificate is the sum of premiums paid by Covered Persons who remain eligible for coverage under one of the *Continuation Provisions* of this Certificate.

If any premium is not paid when due, this Certificate will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Certificate change;
2. coverage is reinstated following failure to pay premium during the Grace Period;

3. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Certificate; or

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

[Reinstatement

A Covered Person's Insurance may be reinstated if it lapsed:

1. because the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
2. due to non-payment of premium; or
3. following the end of any period of continuation, as provided in the *Continuation Provisions*. Requirements for reinstatement are written application satisfactory to us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.] [No premiums will be applied to any period more than 60 days before the reinstatement date.]

GENERAL PROVISIONS

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Certificate will be such as the premium paid would have purchased had such fact been correctly stated.

[10 Day Right To Examine Certificate

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

Assignment

[The rights and benefits provided by this Certificate, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Certificate may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a

copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Certificate. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Certificate is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

DESCRIPTION OF INDEMNITY DENTAL BENEFITS

This Section describes the Dental Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

DENTAL EXPENSE BENEFITS

We will pay benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Appropriate Treatment of an injury sustained in a Covered Accident or for Appropriate Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis.

Unless otherwise specified in the *Schedule of Benefits*, Covered Expenses may be divided into the following classes, and are subject to the exclusions and limitations listed below. Please see the *Schedule Benefits* for the classification of benefits, exclusions and limitations applicable under the Policy.

All time limitations are measured either from the last date of service under this Certificate, or at the request of the Policyholder from the last date of service in any dental plan.

Class I

1. Diagnostic and Preventive Services:

Services and procedures to evaluate existing conditions and/or to prevent dental abnormalities or disease; such services include evaluations (examinations), prophylaxes (cleanings), bitewing X rays and fluoride treatments. These services are subject to the following exclusions and limitations:

- a. Topical fluoride treatments are payable twice in a [Calendar] [Benefit] [Plan] Year for Eligible Dependent children, under age 14.

- b. Expenses for oral evaluations rendered as a consultation or exam are payable twice in any [Calendar] [Benefit] [Plan] Year, whether provided under one or more dental plans.
- c. Expenses for prophylaxes, including periodontal maintenance procedures and full mouth debridement are payable twice in any [Calendar] [Benefit] [Plan] Year.
- d. Bitewing X-rays are payable once in any [Calendar] [Benefit] [Plan] Year.
- e. Expenses for space maintenance are payable once per lifetime, per area, for Eligible Dependent children under the age of 14 years.
- f. We will not make payment for preventive control programs, including home care items, oral hygiene instructions, nutritional counseling, and tobacco counseling and all charges for the same will be the responsibility of the Covered Person.
- g. We will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Covered Person, unless otherwise indicated in the *Schedule of Benefits*.

Class II

1. Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

2. Radiographs (x-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- a. Full mouth X-rays (which include bitewing X-rays) or a panoramic x-ray (with or without bitewing x-rays) are payable once in any five-year period.
- b. A serial listing of x-rays is paid as a full mouth series if the total fee equals or exceeds the fee for a complete series.
- c. Any supplemental films with a full mouth series are part of the complete procedure.
- d. Expenses for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- e. Expenses for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable .

3. Minor Restorative Services

Minor restorative services to rebuild and repair natural tooth structure when damaged by disease or injury. These services include amalgam (silver) and resin (white) fillings, subject to the following exclusions and limitations:

- a. Amalgam and composite resin restorations are payable once per tooth surface within a 24month period regardless of the number of combination of restorations placed on a surface.
- b. We will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Covered Person.

4. Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

5. Sealants.

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period.

6. Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with expenses for prophylaxes, including periodontal maintenance procedures and full mouth debridement, are payable twice in any [Calendar] [Benefit] [Plan] Year.

7. Other Class II Services

- a. After hours visits, not to exceed once per [Calendar] [Benefit] [Plan] Year.
- b. Expenses for consultations (includes evaluation) by a dentist other than the practitioner providing treatment are payable once per [Calendar] [Benefit] [Plan] Year.

Class III

1. Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- a. We will not make payment for the following services, and all charges for the same will be the responsibility of the Covered Person: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- b. We will not make payment for the following expenses, and all charges for the same will be the responsibility of the Covered Person: prescription drugs, non-prescription drugs, pre-medications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, or behavior management.
- c. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasion, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.
- d. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person unless otherwise specified in the Declarations Section: appliances, restorations, x-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).
- e. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

2. Endodontic Services

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- a. Expenses for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- b. Expenses for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- c. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: pulp caps, maxillofacial prosthetics or myofunctional therapy.

1. Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth; such services are subject to the following exclusions and limitations:

- a. Expenses for prophylaxes, including periodontal prophylaxes and full mouth debridement are payable twice in any [Calendar] [Benefit] [Plan] Year.
- b. Expenses for root planing and scaling are payable once per area in any two-year period.
- c. Periodontal surgery is payable once per area in any three-year period.
- d. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

4. Major Restorative

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material; such services are subject to the following exclusions and limitations:

- a. Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- b. Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Eligible Dependent children less than 12 years of age.
- c. Expenses for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.
- d. Optional treatment: If the Covered Person selects a more expensive service than is customarily provided or for which the Company does not determine that a valid dental need is shown, the Company may make an allowance based on the fee for the customarily provided service.
- e. We will not make payment for inlays (cast, porcelain, composite resin, or ceramic) and all charges for the same will be the responsibility of the Covered Person.
- f. We will not make payment for the following procedures and services and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a)

change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosions; and, (d) splint or stabilize teeth for periodontal reasons.

5. Prosthodontic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures), subject to the following exclusions and limitations:

- a. One complete upper and one complete lower denture are covered once in any seven-year period.
- b. A partial denture, fixed bridge, or removable bridge and any associated services are payable once in any seven-year period.
- c. Fixed bridges and removable cast partials are not payable for Eligible Dependent children less than 16 years of age
- d. Fixed bridgework, replacement of fixed bridgework or addition of teeth to existing bridgework to replace extracted natural teeth is covered only if the replacement is required to replace one or more natural teeth extracted while a member under the plan.
- e. Expenses for tissue conditioning are payable twice per denture unit in any three-year period.
- f. Endosteal implants are allowed once per tooth, per lifetime. We will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- g. We will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs, and all charges for the same will be the responsibility of the Covered Person unless otherwise specified in the *Schedule of Benefits*.
- h. We will not make payment for procedures to replace a missing tooth or teeth that were lost before the effective date of a Covered Person's insurance and all charges for the same will be the responsibility of the Covered Person.
- i. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: lost, missing, or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- j. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

7. Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures; a reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

8. Other Class III Services

- a. Expenses for an occlusal guard are payable only once in any five-year period.
- b. Expenses for limited occlusal adjustments are payable once in a [Calendar] [Benefit] [Plan] Year.

- c. Office visits during regularly scheduled hours are payable once per [Calendar] [Benefit] [Plan] Year.
- d. We will not make payment for the following expenses, and all charges for the same will be the responsibility of the Covered Person: repair, relines, or adjustments of occlusal guards.
- e. We will not make payment for the following procedures and services and all charges for the same will be the responsibility of the Covered Person: prescription drugs, nonprescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards house/extended care facility visit, mounted occlusal analysis, complete occlusal adjustment, enamel microabrasions, odontoplasty or bleaching.

EXCLUSIONS AND LIMITATIONS

Exclusions

In addition to the exclusions listed above in *Dental Expense Benefits*, we will not make payment for the following expenses, procedures and services, and all charges for the same will be the responsibility of the Covered Person, unless otherwise specified in the *Schedule of Benefits*.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws.
2. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.
3. Services or appliances started prior to the date the person became eligible under the Policy.
4. Charges for failure to keep a scheduled visit with the Dentist.
5. Charges for completion of forms or submission of claims.
6. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
7. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
8. Those expenses, procedures and services excluded by our current policies and procedures, including the Processing Guidelines. Processing Guidelines are available upon request.
9. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of coverage.
10. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
11. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
12. Services that are not within the classes of Benefits selected by the Policyholder and that are not described in the Policy.

13. Charges for any services or supplies for which a procedure code is not specifically listed in the *Schedule of Benefits*.

Limitations

In addition to the limitations listed above in *Dental Expense Benefits*, the following limitations apply under the Policy, unless otherwise specified in the *Schedule of Benefits*:

1. Our obligation for payment of *Dental Expense Benefits* ends on the last day of the month in which coverage is terminated under the Policy.
2. When services in progress are interrupted and completed later by another Dentist, we will review the claim to determine the amount of payment, if any, to each Dentist.
3. Care terminated due to the death of a Covered Person will be paid to the limit of our liability for the services completed or in progress.
4. The Maximum Benefit payable in any one [Calendar] [Benefit] [Plan] Year will be limited to the amount specified in the *Schedule of Benefits*.
5. If a Deductible is specified in the *Schedule of Benefits*, we will not be obligated to pay for, in whole or in part, any services until such Deductible amount is met.
6. Processing Guidelines may limit payment. Processing Guidelines are available upon request.

[Limitation for Pre-Existing Conditions]

We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Certificate;

1. if he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. if he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]

Policyholder Service Office of Company _____

Address _____

Telephone Number _____

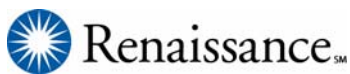
Name of Agent _____

Address _____

Telephone Number _____

"If we at Renaissance Life & Health Insurance Company of America fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Divisions
400 University Tower Building
Little Rock, Arkansas 72204
(501) 371-1813



Renaissance Life & Health Insurance Company of America
[260 West Main Street, Suite 215, Hendersonville, Tennessee 37075]
[(800) 886-3908]

[XXXXXXXXXX XXXXX XXXXX]

POLICYHOLDER:	[*]
POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
POLICY ISSUE DATE:	[*]
POLICY ANNIVERSARY DATE:	[*]
STATE OF ISSUE:	[*]

Renaissance Life & Health Insurance Company of America, herein called **RLHICA** or We, Us or Our, in consideration of the Application for this Group Policy and the timely payment of Premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible [employees] and their eligible dependents under this Policy.

This Policy describes the terms and conditions of insurance. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Policy. We and the Policyholder agree to all of the terms of this Policy

IN WITNESS WHEREOF, **RLHICA** has caused this Policy to be executed on the Policy Issue Date to take effect on the Effective Date.

President

Secretary

• GROUP INDEMNITY DENTAL INSURANCE POLICY • NON-PARTICIPATING

TABLE OF CONTENTS

SCHEDULE OF AFFILIATES	3
SCHEDULE OF BENEFITS.....	3
GENERAL DEFINITIONS	9
ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS	11
CLAIM PROVISIONS	14
ADMINISTRATIVE PROVISIONS	16
GENERAL PROVISIONS.....	18
DESCRIPTION OF INDEMNITY DENTAL BENEFITS	20
DENTAL EXPENSE BENEFITS	20
EXCLUSIONS AND LIMITATIONS	25

SCHEDULE OF AFFILIATES

The following affiliates are covered under this Policy on the effective dates listed below. A newly-acquired affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within **[180]** days of its acquisition and pays the required premium. If we are not notified within the required time period, the affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

Affiliate Name	Location	Effective Date
[*]	[*]	[*]

[or] [none on the Policy Effective Date]

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

Minimum Participation Requirement: [10% to 100%] of all Eligible Persons

Eligible Persons: An Eligible Person is an individual who

[is [a full-time] [an] [employee] of the Policyholder who works at least [15] hours per week [and meets all of the requirements of one of the Covered Classes shown below:

[Class 1 All [employees] of the Policyholder who are officers]

[Class 2 All [employees] of the Policyholder who are managers or supervisors]

[Class 3 All other [employees] of the Policyholder].]

[is a [full-time] associate of the Policyholder who works at least [15] hours per week.]

[is a member [in good standing] of the Policyholder.]

[is [a contracted] [an] agent [under] [an exclusive] contract] [with] [of] the Policyholder.]

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an [employee] must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the [employee] is not in Active Service.

For [employee]s hired [[31 days] or more] before [No Waiting Period] the Policy Effective Date:

For [employee]s hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Policy Effective Date:

DENTAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides an outline of the Dental Indemnity Benefits provided by this Policy. Please read the *Description of Benefits* section for full details.

[Maximum Benefit – [Calendar] [Plan] [Benefit] Year]		[\$[250] [500] [750] [1000]		
Covered Expense		Benefit Amount		
Procedure Code	Description	[Plan A	[Plan B	[Plan C
DIAGNOSTIC SERVICES				
Clinical Oral Evaluations				
D0120	Oral examination, periodic	\$25	\$18.75	\$12.50
D0140	Oral examination, limited, problem focused (emergency)	\$25	\$18.75	\$12.50
D0150	Oral examination, comprehensive evaluation	\$25	\$18.75	\$12.50
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$25	\$18.75	\$12.50
D0180	Oral examination, comprehensive periodontal evaluation	\$25	\$18.75	\$12.50
Radiographs				
D0210	Intraoral, complete series (includes bitewings)	\$70	\$52.50	\$35.00
D0220	Intraoral, periapical first film	\$15	\$11.25	\$7.50
D0230	Intraoral, periapical each addtl film	\$15	\$11.25	\$7.50
D0240	Intraoral, occlusal	\$15	\$11.25	\$7.50
D0250	Extraoral-first film	\$15	\$11.25	\$7.50
D0260	Extraoral- each addtl film	\$15	\$11.25	\$7.50
D0270	Bitewing, 1 film	\$25	\$18.75	\$12.50
D0272	Bitewing, 2 films	\$25	\$18.75	\$12.50
D0274	Bitewing, 4 films	\$25	\$18.75	\$12.50
D0277	Bitewing, vertical, 7 to 8 films	\$25	\$18.75	\$12.77
D0330	Panoramic film	\$70	\$52.50	\$35.00
PREVENTIVE				
Dental Prophylaxis (Cleaning)				
D1110	Prophylaxis – adult	\$45	\$33.75	\$22.50
D1120	Prophylaxis – child	\$45	\$33.75	\$22.50
Fluoride Treatment				
D1203	Topical application of fluoride - child	\$20	\$15	\$10
Other Preventive Services				
D1351	Sealant – per tooth	\$30	\$22.50	\$15.00
RESTORATIVE PROCEDURES				
Amalgam Restorations				
D2140	1 surface	\$78	\$58.50	\$39.00
D2150	2 surfaces	\$78	\$58.50	\$39.00
D2160	3 surfaces	\$78	\$58.50	\$39.00
D2161	4 or more surfaces	\$78	\$58.50	\$39.00
Resin Restorations				
D2330	1 surface, anterior	\$78	\$58.50	\$39.00
D2331	2 surfaces, anterior	\$78	\$58.50	\$39.00
D2332	3 surfaces, anterior	\$78	\$58.50	\$39.00

D2335	Involving incisal angle or 4 or more surfaces, anterior	\$78	\$58.50	\$39.00
D2390	Crown, anterior	\$78	\$58.50	\$39.00
D2391	1 surface, posterior	\$78	\$58.50	\$39.00
D2392	2 surfaces, posterior	\$78	\$58.50	\$39.00
D2393	3 surfaces, posterior	\$78	\$58.50	\$39.00
D2394	4 or more surfaces, posterior	\$78	\$58.50	\$39.00
Onlay Restorations *				
D2542	Onlay, metallic, 2 surfaces	\$350	\$262.50	\$175
D2543	Onlay, metallic, 3 surfaces	\$350	\$262.50	\$175
D2544	Onlay, metallic, 4 or more surfaces	\$350	\$262.50	\$175
D2642	Onlay, porcelain/ceramic – two surfaces	\$350	\$262.50	\$175
D2643	Onlay, porcelain/ceramic – three surfaces	\$350	\$262.50	\$175
D2644	Onlay, porcelain/ceramic – four or more surfaces	\$350	\$262.50	\$175
D2662	Onlay, resin-based composite – two surfaces	\$200	\$150	\$100
D2663	Onlay, resin-based composite – three surfaces	\$200	\$150	\$100
D2664	Onlay, resin-based composite – four or more surfaces	\$200	\$150	\$100
Crowns - Single Restoration Only *				
D2710	Resin (indirect)	\$200	\$150	\$100
D2712	Crown – ¾ resin-based composite (indirect)	\$200	\$150	\$100
D2720	Crown – resin with high noble metal	\$350	\$262.50	\$175
D2721	Crown – resin with predominantly base metal	\$350	\$262.50	\$175
D2722	Crown – resin with noble metal	\$350	\$262.50	\$175
D2740	Porcelain/ceramic substrate	\$350	\$262.50	\$175
D2750	Porcelain fused to high noble metal	\$350	\$262.50	\$175
D2751	Porcelain fused to predominantly base metal	\$350	\$262.50	\$175
D2752	Porcelain fused to noble metal	\$350	\$262.50	\$175
D2780	¾ cast high noble metal	\$350	\$262.50	\$175
D2781	¾ cast predominantly base metal	\$350	\$262.50	\$175
D2782	¾ cast noble metal	\$350	\$262.50	\$175
D2783	¾ porcelain/ceramic	\$350	\$262.50	\$175
D2790	Full cast high noble metal	\$350	\$262.50	\$175
D2791	Full cast predominantly base metal	\$350	\$262.50	\$175
D2792	Full cast noble metal	\$350	\$262.50	\$175
D2794	Titanium	\$350	\$262.50	\$175
D2799	Provisional crown	\$121	\$90.75	\$60.50
Other Restorative Services				
D2910	Recement onlay or partial coverage restoration	\$33	\$24.75	\$16.50
D2915	Recement cast or prefabricated post and core	\$33	\$24.75	\$16.50
D2920	Recement crown	\$33	\$24.75	\$16.50
D2930	Crown - prefabricated stainless steel, primary	\$100	\$75	\$50
D2931	Crown - prefabricated stainless steel, permanent	\$100	\$75	\$50
D2932	Crown - prefabricated resin	\$100	\$75	\$50
D2933	Prefabricated stainless steel crown with resin window	\$100	\$75	\$50
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$100	\$75	\$50
D2961	Labial veneer (resin laminate) – laboratory	\$350	\$262.50	\$175
D2962	Labial veneer (porcelain laminate) - laboratory	\$350	\$262.50	\$175
ENDODONTICS				
[Pulpotomy]				
D3220	Therapeutic pulpotomy	\$50	\$37.50	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$50	\$37.50	\$25.00

D3230	Pulpal therapy (resorbable filling) - anterior, primary (excl final rest)	\$50	\$37.50	\$25.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary (excl final rest)	\$50	\$37.50	\$25.00
Root Canal Therapy				
D3310	Anterior (excludes final restoration)	\$250	\$187.50	\$125.00
D3320	Bicuspid (excludes final restoration)	\$250	\$187.50	\$125.00
D3330	Molar (excludes final restoration)	\$250	\$187.50	\$125.00
D3332	Incomplete endodontic therapy -inoperable, unrestorable or fractured tooth	\$250	\$187.50	\$125.00
D3333	Internal root repair of perforation defects	\$54	\$40.50	\$27.00
D3346	Retreatment, anterior	\$250	\$187.50	\$125.00
D3347	Retreatment, bicuspid	\$250	\$187.50	\$125.00
D3348	Retreatment, molar	\$250	\$187.50	\$125.00
PERIODONTIC SERVICES				
Surgical Services				
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$200	\$150	\$100
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$95	\$71.25	\$47.50
D4240	Gingival flap procedure, includes root planing – 4 or more teeth per quadrant	\$200	\$150	\$100
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$95	\$71.25	\$47.50
D4245	Apically positioned flap	\$200	\$150	\$100
D4249	Clinical crown lengthening	\$200	\$150	\$100
D4260	Osseous surgery – 4 or more teeth per quadrant	\$500	\$375	\$250
D4261	Osseous surgery – 1 to 3 teeth per quadrant	\$200	\$150	\$100
D4263	Bone replace graft – first site	\$95	\$71.25	\$47.50
D4264	Bone replacement graft – each addt'l site in quadrant	\$50	\$37.50	\$25.00
D4266	Guided tissue regeneration – resorbable barrier, persite	\$95	\$71.25	\$47.50
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$200	\$150	\$100
Non-Surgical Services				
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$86	\$64.50	\$43.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	\$40	\$30	\$20
D4355	Full mouth debridement	\$45	\$33.75	\$22.50
Other Periodontal Services				
D4910	Periodontal maintenance	\$45	\$33.75	\$22.50
PROSTHODONTICS (Removable) **				
Complete Dentures				
D5110	Denture - complete, maxillary	\$500	\$375	\$250
D5120	Denture - complete, mandibular	\$500	\$375	\$250
D5130	Denture - immediate, maxillary	\$500	\$375	\$250
D5140	Denture - immediate, mandibular	\$500	\$375	\$250
Partial Dentures				
D5211	Maxillary, resin base	\$400	\$300	\$200
D5212	Mandibular, resin base	\$400	\$300	\$200
D5213	Maxillary, cast metal framework with resin denture base	\$400	\$300	\$200
D5214	Mandibular, cast metal framework with resin denture	\$400	\$300	\$200

	base			
D5225	Maxillary, flexible base	\$400	\$300	\$200
D5226	Mandibular, flexible base	\$400	\$300	\$200
D5281	Removable unilateral, 1 piece cast metal	\$400	\$300	\$200
Adjustment To Dentures				
D5410	Complete, maxillary	\$26	\$19.50	\$13.00
D5411	Complete, mandibular	\$26	\$19.50	\$13.00
D5421	Partial, maxillary	\$26	\$19.50	\$13.00
D5422	Partial, mandibular	\$26	\$19.50	\$13.00
Repairs To Complete Dentures				
D5510	Repair broken denture base	\$50	\$37.50	\$25.00
D5520	Replace missing or broken teeth (each tooth)	\$50	\$37.50	\$25.00
Repairs To Partial Dentures				
D5610	Repair resin denture base	\$50	\$37.50	\$25.00
D5620	Repair cast framework	\$50	\$37.50	\$25.00
D5630	Repair or replace broken clasp	\$50	\$37.50	\$25.00
D5640	Replace broken tooth (each)	\$50	\$37.50	\$25.00
D5650	Add tooth to existing partial denture	\$50	\$37.50	\$25.00
D5660	Add clasp to existing partial denture	\$50	\$37.50	\$25.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$139	\$104.25	\$69.50
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$139	\$104.25	\$69.50
Denture Rebase Procedures				
D5710	Complete maxillary denture	\$172	\$129	\$86
D5711	Complete mandibular denture	\$172	\$129	\$86
D5720	Maxillary partial denture	\$172	\$129	\$86
D5721	Mandibular partial denture	\$172	\$129	\$86
Denture Reline Procedures				
D5730	Complete maxillary, chairside	\$100	\$75	\$50
D5731	Complete mandibular, chairside	\$100	\$75	\$50
D5740	Maxillary partial, chairside	\$100	\$75	\$50
D5741	Mandibular partial, chairside	\$100	\$75	\$50
D5750	Complete maxillary, laboratory	\$100	\$75	\$50
D5751	Complete mandibular, laboratory	\$100	\$75	\$50
D5760	Maxillary partial, laboratory	\$100	\$75	\$50
D5761	Mandibular partial, laboratory	\$100	\$75	\$50
PROSTHODONTICS (Fixed) *				
Bridge Pontics (Per Unit)				
D6210	Cast high noble metal	\$350	\$262.50	\$175
D6211	Cast base metal	\$350	\$262.50	\$175
D6212	Cast noble metal	\$350	\$262.50	\$175
D6214	Titanium	\$350	\$262.50	\$175
D6240	Porcelain fused to high noble metal	\$350	\$262.50	\$175
D6241	Porcelain fused to base metal	\$350	\$262.50	\$175
D6242	Porcelain fused to noble metal	\$350	\$262.50	\$175
D6245	Porcelain/ceramic	\$350	\$262.50	\$175
D6250	Resin with high noble metal	\$350	\$262.50	\$175
D6251	Resin with predominantly base metal	\$350	\$262.50	\$175
D6252	Resin with noble metal	\$350	\$262.50	\$175
Fixed Bridge Retainers – Inlays/Onlays				

D6608	Onlay, porcelain/ceramic, 2 surfaces	\$350	\$262.50	\$175.00
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$350	\$262.50	\$175.00
D6610	Onlay, cast high noble metal, 2 surfaces	\$350	\$262.50	\$175.00
D6611	Onlay, cast high noble metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6612	Onlay, cast predominantly base metal, 2 surfaces	\$350	\$262.50	\$175.00
D6613	Onlay, cast predominantly base metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6614	Onlay, cast noble metal, 2 surfaces	\$350	\$262.50	\$175.00
D6615	Onlay, cast noble metal, 3 or more surfaces	\$350	\$262.50	\$175.00
D6634	Onlya, titanium	\$350	\$262.50	\$175.00
Bridge Retainers – Crowns				
D6710	Crown – indirect resin based composite	\$350	\$262.50	\$175.00
D6720	Crown – resin with high noble metal	\$350	\$262.50	\$175.00
D6721	Crown – resin with predominantly base metal	\$350	\$262.50	\$175.00
D6722	Crown – resin with noble metal	\$350	\$262.50	\$175.00
D6750	Porcelain fused to high noble metal	\$350	\$262.50	\$175.00
D6751	Porcelain fused to base metal	\$350	\$262.50	\$175.00
D6752	Porcelain fused to noble metal	\$350	\$262.50	\$175.00
D6780	3/4 cast high noble metal	\$350	\$262.50	\$175.00
D6781	3/4 cast base metal	\$350	\$262.50	\$175.00
D6782	3/4 cast noble metal	\$350	\$262.50	\$175.00
D6783	¾ porcelain/ceramic	\$350	\$262.50	\$175.00
D6790	Full cast high noble metal	\$350	\$262.50	\$175.00
D6791	Full cast base metal	\$350	\$262.50	\$175.00
D6792	Full cast noble metal	\$350	\$262.50	\$175.00
D6794	Crown - titanium	\$350	\$262.50	\$175.00
Other Fixed Prosthetic Services				
D6930	Recement fixed partial denture	\$33	\$24.75	\$16.50
ORAL SURGERY				
Extractions (Simple)				
D7111	Extraction, coronal remnants - deciduous tooth	\$59	\$44.25	\$29.50
D7140	Extraction, erupted tooth or exposed root	\$59	\$44.25	\$29.50
Surgical Extractions				
D7210	Surgical removal of erupted tooth	\$100	\$75	\$50
D7220	Removal of impacted tooth – soft tissue	\$100	\$75	\$50
D7230	Removal of impacted tooth – partially bony	\$100	\$75	\$50
D7240	Removal of impacted tooth – completely bony	\$100	\$75	\$50
D7250	Surgical removal of residual roots	\$100	\$75	\$50
Other Surgical Procedures				
D7280	Surgical access of unerupted tooth	\$100	\$75	\$50
Alveoloplasty (Surgical Preparation Of Ridge For Dentures)				
D7310	In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$100	\$75	\$50
ADJUNCTIVE GENERAL SERVICES				
Unclassified Treatment				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$55	\$41.25	\$27.50
Professional Visits				
D9440	Office visit after regularly scheduled hours	\$25	\$18.75	\$12.50

* If noble or high noble metal is used, or porcelain, ceramic, or resin on molars the member must pay the difference in the laboratory cost between the noble or high noble metal and base metal.]

** Includes any adjustments for six months.

IMPORTANT: Any procedure code not specifically listed above as a Covered Expense is excluded.

Rates and Premiums

Mode of Premium Payment	[Monthly]
Premium Due Dates	Policy Effective Date and the first day of each month thereafter
Contributions	The [entire] cost of this insurance is paid by [the] [Policyholder] [and] [Covered Persons].

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Policy have the meanings set forth below.

Active Service means that the Covered [Employee] is either:

1. at work on one of the [employer's] scheduled work days and is performing his regular duties on a full-time basis, either at one of the [employer's] usual places of business or at some other location to which the [employer's] business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the [employee] was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

Appropriate Treatment means care, services or supplies, provided by or at the direction of a Dentist that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury or sickness and are provided during the course of treatment of an injury sustained in a Covered Accident or for a Covered Sickness.

Benefit Amount means the amount that will be paid per procedure.

[Calendar] [Benefit] [Plan] Year or annual or annually means a period of twelve consecutive months beginning on the Policy Effective Date and subsequent Anniversary Dates.

Covered Accident means an event that results directly in an injury or loss and meets all of the following conditions:

1. occurs while the Covered [Employee] is insured under this Policy or is not subject to the Pre-

Existing Condition Limitation, if any;

2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Policy.

Covered [Employee] means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Policy remains in force.

Covered Expenses means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Dental Indemnity Benefits* section of this Policy. Covered Expenses must be Incurred by a Covered Person for Appropriate Treatment for injuries sustained in a Covered Accident or for a Covered Sickness. Procedure codes for services or supplies not listed, in the *Schedule of Benefits* are excluded.

Covered Person means a Covered [Employee], an eligible spouse and eligible dependent children who are insured under this Policy.

Covered Sickness means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is insured under this Policy or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Policy

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

Dentist means a person licensed to practice dentistry in the state or country in which dental services are rendered.

Eligible Dependent means the Covered [Employee's]:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered [Employee] under this Policy; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered [Employee] under this Policy and who:
 - a. is less than [19] years old; or
 - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
 - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. This insurance will continue for as long as the Covered [Employee's] insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25];
 - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered [Employee]; or
 - e. is required to be provided coverage by the Insured or His spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an

administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

Eligible Person means an individual as defined in the *Schedule of Benefits*.

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

He, him or his means an individual, male or female.

Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

Maximum Payment means the maximum dollar amount the Company will pay in any [Calendar] [Plan] [Benefit] Year for Covered Services. The Maximum Payment is specified in the *Schedule of Benefits*.

Policyholder means the entity shown on the cover page of this policy.

Processing Guidelines means the policies and guidelines used for payment of claims. The Processing Guidelines are based, in part, on coding definitions established by the American Dental Association, and may be amended from time to time. The Processing Guidelines are available upon request.

RLHICA or we, us, our means **Renaissance Life & Health Insurance Company of America**.

Submitted Amount means the fee a Dentist bills for a specific treatment.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Policy Effective Date

We agree to provide Dental Indemnity Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

Effective Date for Newly-Acquired Affiliates

Insurance becomes effective for any newly-acquired affiliate of the Policyholder on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the affiliate will be come effective on first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are [employees] of an affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date.

Eligibility

An [employee] becomes eligible for insurance under this Policy on first of the month following the

date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the [employee] becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.

No person may be eligible for insurance under this Policy as both an [employee] and a spouse or dependent child at the same time.

[If both spouses are eligible as [employees], the dependent children, may be covered under only one [employee], but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered [Employees] when a Covered [Employee] is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered [Employees] or one may elect to insure the other as an Eligible Dependent when a Covered [Employee] is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered [Employees] and dependent coverage will be provided via only the parent whose birthday occurs first during a [Calendar] [Plan] [Benefit] year, when a Covered [Employee] is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered [Employees] but only one may elect dependent coverage to insure dependent children, when a Covered [Employee] is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible [employee] who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the [employee] becomes eligible;
3. first of the month following the date we receive the [employee's] completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an [employee's] Eligible Dependent[s] if [he] [the [employee]] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the [employee] becomes eligible;

[3.] [first of the month following the date the [employee's] insurance becomes effective][:;]

[4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;

[5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 31 days later unless [the [employee] has a Spouse or] other Dependent Children [are] insured under this Policy or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

Deferred Effective Date

The effective date of insurance will be deferred for any [employee] who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

Late Enrollee

An Eligible Person will be considered a late enrollee if he does not apply for insurance under this Policy within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

[Coverage for any late enrollee will become effective on the first of the month following the Policyholder's open enrollment period.]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the [employee's] Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

Please read the *Continuation Provisions* section of this Policy for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Policy or insurance for a Covered Class is terminated;

2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which premium is paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered [Employee] or first of the month following the date of divorce from the Covered [Employee].

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

Continuation Provisions

Continuation may be available after the termination of this insurance subject to the Policyholder's personnel practices now in effect or hereafter amended.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, policy and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized [written] [electronic] proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. [If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable.

If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, [written] [or] [authorized electronic] proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Policy for any loss not later than 30 days after the receipt by the company of the required written proofs of loss. An insurer which violates this Section if liable under said policy, shall pay to the insured, in addition to any other penalty provided for, interest at the rate of 9% per annum from the 30th day after receipt of such proofs of loss to the date of late payment of the accrued indemnities, provided that interest amounting to less than one dollar need not be paid.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to His estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this policy.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign [Employees]

The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered [Employees] whose place of employment is other than:

1. the United States and its possessions; or
2. the Dominion of Canada.

We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of our liability for those payments under this Policy.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the Policyholder may cancel this Policy, after the first year as of any Premium Due Date, by giving the other party [31] days advance written notice.

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Grace Period

A Policy Grace Period of [31] days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of our intention not to renew is delivered to the Policyholder at least [90] days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to us for any unpaid premium for the time this Policy was in force.

An Individual Grace Period of [31] days, applicable when a Covered Person remains eligible under this Policy under the *Continuation Provisions*, will be granted for payment of required premiums. A Covered Person's insurance under this Policy will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of

premium due.

If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Policy is the sum of premiums paid:

1. by the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and
2. by Covered Persons who remain eligible for coverage under one of the *Continuation Provisions* of this Policy.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We may change the premium rates from time to time with at least [60] days advance written notice to the Policyholder. No change in rates will be made until [12] months after the Policy Effective Date. An increase in rates will not be made more often than once in a [12]-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the number of Covered Persons eligible for coverage increases or decreases by more than [10]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [10]% or more the number of eligible individuals;
5. a change in the number of eligible individuals which would, on a manual rate basis, require a change of [10]% or more in the premium rate;
6. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or
7. the Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified

above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

[Reinstatement

[1.] [Of This Policy]

[This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.] . [No premiums will be applied to any period more than 60 days before the reinstatement date.]

[2.] [Of A Covered Person's Insurance]

[A Covered Person's Insurance may be reinstated if it lapsed:

- a. because the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
- b. due to non-payment of premium; or
- c. following the end of any period of continuation, as provided in the *Continuation Provisions*. Requirements for reinstatement are written application satisfactory to us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.] [No premiums will be applied to any period more than 60 days before the reinstatement date.]

GENERAL PROVISIONS

Entire Contract; Changes

This Policy, including the [application], endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

Where required by law, we will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

[10 Day Right To Examine Certificate

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

Assignment

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

Incontestability

1. Of This Policy

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

2. Of A Covered Person's Insurance

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Reporting Requirements

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

DESCRIPTION OF INDEMNITY DENTAL BENEFITS

This Section describes the Dental Indemnity Benefits provided by this Policy. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

DENTAL EXPENSE BENEFITS

We will pay benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Appropriate Treatment of an injury sustained in a Covered Accident or for Appropriate Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis.

Unless otherwise specified in the *Schedule of Benefits*, Covered Expenses may be divided into the following classes, and are subject to the exclusions and limitations listed below. Please see the *Schedule Benefits* for the classification of benefits, exclusions and limitations applicable under the Policy.

All time limitations are measured either from the last date of service under this Policy, or at the request of the Policyholder from the last date of service in any dental plan.

Class I

1. Diagnostic and Preventive Services:

Services and procedures to evaluate existing conditions and/or to prevent dental abnormalities or disease; such services include evaluations (examinations), prophylaxes (cleanings), bitewing X rays and fluoride treatments. These services are subject to the following exclusions and limitations:

- a. Topical fluoride treatments are payable twice in a [Calendar] [Benefit] [Plan] Year for Eligible Dependent children, under age 14.
- b. Expenses for oral evaluations rendered as a consultation or exam are payable twice in any [Calendar] [Benefit] [Plan] Year, whether provided under one or more dental plans.
- c. Expenses for prophylaxes, including periodontal maintenance procedures and full mouth debridement are payable twice in any [Calendar] [Benefit] [Plan] Year.
- d. Bitewing X-rays are payable once in any [Calendar] [Benefit] [Plan] Year.
- e. Expenses for space maintenance are payable once per lifetime, per area, for Eligible Dependent children under the age of 14 years.

- f. We will not make payment for preventive control programs, including home care items, oral hygiene instructions, nutritional counseling, and tobacco counseling and all charges for the same will be the responsibility of the Covered Person.
- g. We will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Covered Person, unless otherwise indicated in the *Schedule of Benefits*.

Class II

1. Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

2. Radiographs (x-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- a. Full mouth X-rays (which include bitewing X-rays) or a panoramic x-ray (with or without bitewing x-rays) are payable once in any five-year period.
- b. A serial listing of x-rays is paid as a full mouth series if the total fee equals or exceeds the fee for a complete series.
- c. Any supplemental films with a full mouth series are part of the complete procedure.
- d. Expenses for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- e. Expenses for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable .

3. Minor Restorative Services

Minor restorative services to rebuild and repair natural tooth structure when damaged by disease or injury. These services include amalgam (silver) and resin (white) fillings, subject to the following exclusions and limitations:

- a. Amalgam and composite resin restorations are payable once per tooth surface within a 24month period regardless of the number of combination of restorations placed on a surface.
- b. We will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Covered Person.

4. Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

5. Sealants.

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period.

6. Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with expenses for prophylaxes, including periodontal maintenance procedures and full mouth debridement, are payable twice in any [Calendar] [Benefit] [Plan] Year.

7. Other Class II Services

- a. After hours visits, not to exceed once per [Calendar] [Benefit] [Plan] Year.
- b. Expenses for consultations (includes evaluation) by a dentist other than the practitioner providing treatment are payable once per [Calendar] [Benefit] [Plan] Year.

Class III

1. Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- a. We will not make payment for the following services, and all charges for the same will be the responsibility of the Covered Person: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- b. We will not make payment for the following expenses, and all charges for the same will be the responsibility of the Covered Person: prescription drugs, non-prescription drugs, pre-medications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, or behavior management.
- c. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasion, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.
- d. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person unless otherwise specified in the Declarations Section: appliances, restorations, x-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).
- e. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

2. Endodontic Services

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- a. Expenses for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- b. Expenses for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.

- c. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: pulp caps, maxillofacial prosthetics or myofunctional therapy.

3. Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth; such services are subject to the following exclusions and limitations:

- a. Expenses for prophylaxes, including periodontal prophylaxes and full mouth debridement are payable twice in any [Calendar] [Benefit] [Plan] Year.
- b. Expenses for root planing and scaling are payable once per area in any two-year period.
- c. Periodontal surgery is payable once per area in any three-year period.
- d. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

4. Major Restorative

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material; such services are subject to the following exclusions and limitations:

- a. Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- b. Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Eligible Dependent children less than 12 years of age.
- c. Expenses for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.
- d. Optional treatment: If the Covered Person selects a more expensive service than is customarily provided or for which the Company does not determine that a valid dental need is shown, the Company may make an allowance based on the fee for the customarily provided service.
- e. We will not make payment for inlays (cast, porcelain, composite resin, or ceramic) and all charges for the same will be the responsibility of the Covered Person.
- f. We will not make payment for the following procedures and services and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosions; and, (d) splint or stabilize teeth for periodontal reasons.

5. Prosthodontic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures), subject to the following exclusions and limitations:

- a. One complete upper and one complete lower denture are covered once in any seven-year period.
- b. A partial denture, fixed bridge, or removable bridge and any associated services are payable

once in any seven-year period.

- c. Fixed bridges and removable cast partials are not payable for Eligible Dependent children less than 16 years of age
- d. Fixed bridgework, replacement of fixed bridgework or addition of teeth to existing bridgework to replace extracted natural teeth is covered only if the replacement is required to replace one or more natural teeth extracted while a member under the plan.
- e. Expenses for tissue conditioning are payable twice per denture unit in any three-year period.
- f. Endosteal implants are allowed once per tooth, per lifetime. We will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- g. We will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs, and all charges for the same will be the responsibility of the Covered Person unless otherwise specified in the *Schedule of Benefits*.
- h. We will not make payment for procedures to replace a missing tooth or teeth that were lost before the effective date of a Covered Person's insurance and all charges for the same will be the responsibility of the Covered Person.
- i. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: lost, missing, or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- j. We will not make payment for the following procedures and services, and all charges for the same will be the responsibility of the Covered Person: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

7. Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures; a reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

8. Other Class III Services

- a. Expenses for an occlusal guard are payable only once in any five-year period.
- b. Expenses for limited occlusal adjustments are payable once in a [Calendar] [Benefit] [Plan] Year.
- c. Office visits during regularly scheduled hours are payable once per [Calendar] [Benefit] [Plan] Year.
- d. We will not make payment for the following expenses, and all charges for the same will be the responsibility of the Covered Person: repair, relines, or adjustments of occlusal guards.
- e. We will not make payment for the following procedures and services and all charges for the same will be the responsibility of the Covered Person: prescription drugs, nonprescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing

medicaments and techniques, behavior management, athletic mouthguards house/extended care facility visit, mounted occlusal analysis, complete occlusal adjustment, enamel microabrasions, odontoplasty or bleaching.

EXCLUSIONS AND LIMITATIONS

Exclusions

In addition to the exclusions listed above in *Dental Expense Benefits*, we will not make payment for the following expenses, procedures and services, and all charges for the same will be the responsibility of the Covered Person, unless otherwise specified in the *Schedule of Benefits*.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws.
2. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.
3. Services or appliances started prior to the date the person became eligible under the Policy.
4. Charges for failure to keep a scheduled visit with the Dentist.
5. Charges for completion of forms or submission of claims.
6. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
7. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
8. Those expenses, procedures and services excluded by our current policies and procedures, including the Processing Guidelines. Processing Guidelines are available upon request.
9. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of coverage.
10. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
11. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
12. Services that are not within the classes of Benefits selected by the Policyholder and that are not described in the Policy.
13. Charges for any services or supplies for which a procedure code is not specifically listed in the *Schedule of Benefits*.

Limitations

In addition to the limitations listed above in *Dental Expense Benefits*, the following limitations apply under the Policy, unless otherwise specified in the *Schedule of Benefits*:

- I. Our obligation for payment of *Dental Expense Benefits* ends on the last day of the month in which coverage is terminated under the Policy.

2. When services in progress are interrupted and completed later by another Dentist, we will review the claim to determine the amount of payment, if any, to each Dentist.
3. Care terminated due to the death of a Covered Person will be paid to the limit of our liability for the services completed or in progress.
4. The Maximum Benefit payable in any one [Calendar] [Benefit] [Plan] Year will be limited to the amount specified in the *Schedule of Benefits*.
5. If a Deductible is specified in the *Schedule of Benefits*, we will not be obligated to pay for, in whole or in part, any services until such Deductible amount is met.
6. Processing Guidelines may limit payment. Processing Guidelines are available upon request.

[Limitation for Pre-Existing Conditions]

We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;

1. if he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. if he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]